DEPT.- 65

JOB- 15

REEL- 29

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

LP 23007

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type (cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval: Robert E. Farber, M.D. Title: Commissioner of Health 3/18/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls & 1 positive for hospital

C P Force 3/18/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person eased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

(Place of Death.) No. 817 S. Ann St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agatha Kszyszkowska

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. life time

C8400

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 2d 1908

AGE: ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Michael Kszyszkowski

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Josefa Szwarzbach

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josefa Kszyszkowska

(Address) 817 S. Ann st

Filed 1/13 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 13 1908

I HEREBY CERTIFY, That I attended deceased from January 12 1908 to January 12 1908

that I last saw h alive on January 12 1908,

and that death occurred, on the date stated above, at 1

A. M. CAUSE OF DEATH (Secondary or Immediate.)

convulsion (DURATION) 1 DAYS

Contributory (Primary.) Prematurue

Birth at 7th month (DURATION) DAYS

(Signed) J. Izumalski M.D.

Address 722 S. Ann st

Date January 13th 1908

Place of Burial Holy Rosary.

Date January 13 1908

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

154

Place of Death. No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Ellen Brown

{Residence, if in Baltimore, Give Street and Number.}

C8401

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col.

DATE OF BIRTH: 1

AGE: 62 years. months. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid

BIRTHPLACE (State or Country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or Country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or Country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant

Address

Filed 1/13 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 11 1908

I HEREBY CERTIFY, That I attended deceased from Dec 4 1907 to Jan 11 1908

that I last saw h alive on Jan 11 1908,

and that death occurred, on the date stated above, at 8 ? M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary.) Senility. Chron

7 Dys. (DURATION) DAYS

(Signed) Robt A Bay M.D.

Address Bay View

Date Jan. 12 1908

Place of Burial Catonsville

Date January 13 1908

Undertaker Robert A Elliott

Address 5 Ole Roger Rd

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

Street No. 2039 W. Pratt St.

Full Name Ferdinand Miller

{Residence, if in Baltimore, Give Street and Number.} 2039 W. Pratt St.

Duration of Residence in Baltimore. Life-time

8402

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Nov 16th 1904

AGE 3 years 1 month 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE Maryland

FULL NAME OF FATHER B. Miller

BIRTHPLACE OF FATHER Germany

MAIDEN NAME OF MOTHER Margaretta Ritter

BIRTHPLACE OF MOTHER Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant B. Miller

Address 2039 W. Pratt St.

Filed 1/13 1908 HENRY D. ...

PARKIE O'LEARY Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 11th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28th 1907 to January 11th 1908

that I last saw h[illegible] alive on January 11th 1908,

and that death occurred, on the date stated above, at 7 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia

Duration 12 days

Contributory (Primary) Pearitis tracha

Duration 14 days

Signed E. A. Short M.D.

Address 1727 N. Lombard St.

Date January 12th 1908

Place of Burial New Cathedral

Date Jan 14 1908

Undertaker F. S. Stitt

Address 101 W. Pratt St.

(over)

(A.) Epidemic diseases.

1. Typhoid fever
2. Exanthematic typhus
3. Relapsing fever
4. Malarial fever
5. Smallpox
6. Measles
7. Scarlet fever
8. Whooping cough
9. { Diphtheria / Croup
10. Influenza
11. Miliary fever
12. Asiatic cholera
13. Cholera nostras
14. Dysentery
15. Plague
16. Yellow fever
17. Leprosy
18. Erysipelas
19. Other epidemic diseases

(B.) Other general diseases.

20. Septicemia
21. Glanders and farcy
22. Malignant pustule and charbon
23. Rabies
24. Actinomycosis, trichinosis, etc.
25. Pellagra
27. Tuberculosis of lungs
26. Tuberculosis of larynx
28. Tuberculous meningitis
29. Abdominal tuberculosis
30. Pott's disease
31. Tuberculous abscess
32. White swelling
33. Tuberculosis of other organs
34. General tuberculosis
35. Scrofula
36. Syphilis
37. Gonorrhea of the adult
38. Gonorrheal infectious of children
39. Cancer of mouth
40. Cancer of stomach and liver
41. Cancer of intestines and peritoneum
42. Cancer of genital organs
43. Cancer of breast
44. Cancer of skin
45. Cancer of other or unspecified organs
46. Tumor (noncancerous).
47. Acute articular rheumatism
48. Chronic rheumatism and gout
49. Scurvy
50. Diabetes
51. Exophthalmic goiter
52. Addison's disease
53. Leukemia
54. Anemia, chlorosis
56. Alcoholism
57. Lead poisoning
58. Other professional intoxications
59. Other chronic poisonings
55. Other general diseases

II. DISEASES OF THE NERVOUS SYSTEM.

60. Encephalitis
61. Meningitis
62. Locomotor ataxia
63. Other diseases of spinal cord
64. Apoplexy
65. Softening of brain
66. Paralysis
67. General paralysis of insane
68. Other forms of mental disease
69. Epilepsy
70. Convulsions (nonpuerperal)
71. Convulsions of children
72. Tetanus
73. Chorea
75. Diseases of the eye and its adnexa
76. Diseases of the ear

III. DISEASES OF THE CIRCULATORY SYSTEM

77. Pericarditis
78. Endocarditis
79. Heart disease
80. Angina pectoris
81. Diseases of arteries
82. Embolism and thrombosis
83. Diseases of veins
84. Diseases of lymphatics.
85. Hemorrhages (except of lungs)
86. Other diseases of circulatory system

IV. DISEASES OF THE RESPIRATORY SYSTEM.

87. Diseases of nasal fossae
88. { Laryngitis / Other diseases of larynx
89. Diseases of the thyroid body
90. Acute bronchitis
91. Chronic bronchitis
92. Bronchopneumonia
93. Pneumonia
94. Pleurisy
95. Congestion of lungs
96. Gangrene of lungs
97. Asthma
98. Emphysema
99. { Hemorrhage of lungs / Other diseases of respiratory system

V. DISEASES OF THE DIGESTIVE SYSTEM.

100. Diseases of mouth
101. { Tonsilitis / Diseases of pharynx
102. Diseases of esophagus
103. Ulcer of stomach
104. { Gastritis / Other diseases of stomach
..... Dentition
105. Diarrhea and enteritis (under 2 years)
106. Diarrhea and enteritis (2 years and over)
107. Intestinal parasites
108. { Hernia / Obstruction of intestines
109. Other diseases of intestines
110. Acute yellow atrophy of liver
111. Hydatid tumors of liver
112. Cirrhosis of liver
113. Biliary calculi
114. Other diseases of liver
115. Diseases of spleen
116. Peritonitis (nonpuerperal)
118. Appendicitis
117. Other diseases of digestive system

VI. DISEASES OF THE GENITO-URINARY SYSTEM.

119. Acute nephritis
120. Bright's disease
121. Other diseases of kidneys
122. Calculi of urinary tract
123. Diseases of bladder
124. Diseases of urethra, urinary abscess, etc.
125. Diseases of prostate
126. Nonvenereal diseases of (male) genital organs
127. Metritis
128. Uterine hemorrhage (nonpuerperal)
129. Uterine tumor (noncancerous)
130. Other diseases of uterus
131. Ovarian tumors
132. { Diseases of tubes / Other diseases of female genital organs
133. Nonpuerperal diseases of the breast (cancer excepted)

VII. CHILDBIRTH.

134. Accidents of pregnancy
135. Puerperal hemorrhage
136. Other accidents of labor
137. Puerperal septicemia
138. Puerperal convulsions
139. Puerperal phlegmasia alba dolens
140. Other puerperal accidents
141. Puerperal diseases of the breast

VIII. DISEASES OF THE SKIN.

142. Gangrene
143. Carbuncle
144. Abscess
145. Other diseases of skin

IX. DISEASES OF THE LOCOMOTOR SYSTEM.

146. Diseases of bones
147. Diseases of joints
148. Amputation
149. Other diseases of organs of locomotion

X. MALFORMATIONS.

150. { Hydrocephalus / Congenital malformation of heart - cyanosis / Other congenital malformations

XI. EARLY INFANCY.

151. { Premature birth / Congenital debility
152. Other diseases of early infancy
153. Lack of care

XII. OLD AGE.

154. Old age

XIII. VIOLENCE.

155. Suicide by poison
156. Suicide by asphyxia
157. Suicide by hanging or strangulation
158. Suicide by drowning
159. Suicide by firearms
160. Suicide by cutting instruments
161. Suicide by jumping from high places
162. Suicide by crushing
163. Other suicides
164. Fractures
165. Dislocations
167. Burns and scalds
168. Burning by corrosive substances
169. Heat and sunstroke
170. Cold and freezing
171. Lightning
172. Drowning
173. Starvation, privation, etc.
174. Inhalation of poisonous gases
175. Other accidental poisonings
166. { Accidental gunshot wounds / Injuries by machinery / Injuries in mines and quarries / Railroad accidents and injuries / Injuries by horses and vehicles / Other accidental traumatisms
176. { Suffocation / Injuries at birth / Homicide / Other external violence

XIV. ILL-DEFINED DISEASES.

177. "Autopsy"
178. Sudden death
179. { Heart failure / Inanition (over 3 months) / Debility (over 3 months) / Marasmus (over 3 months) / Fever / Other ill defined diseases / Unknown

Permit Dr. Frank D. Langer while he was Acting Supt. Tuley [illegible] 1895. Dr. Frank D. Langer was called in consultation.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 574 Biddle alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant d/ Hattie Preston

{ Residence, if in Baltimore, Give Street and Number. } 574 Biddle alley

Duration of Residence in Baltimore. Life

C8403

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	Jan 10 1908
AGE	..... years, ... months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Unknown.
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	Hattie Preston.
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Preston.

(Address) 574 Biddle alley.

Filed 1/13 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Jan 12 1908

that I last saw her alive on Jan 12 1908,

and that death occurred, on the date stated above, at 7:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure.

(DURATION) DAYS

Contributory (Primary) Septic infection from umbilical cord. (DURATION) DAYS

(Signed) W. W. Bowen M.D.

Address Md. Gen. Hosp.

Date Jan. 12, 1908.

Place of Burial Mt. Auburn

Date Jan 13 — — 1908

Undertaker R. A. Leinitz

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death**.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1519 Augusta St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James E. Martin

{Residence, if in Baltimore, Give Street and Number.} 1519 Augusta St

Duration of Residence in Baltimore. Life

C8404

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Feb 9 1862

AGE 45 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER James V Martin

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary E Hopkins

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Martin

(Address) 1519 Augusta St

Filed 1/13 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred on the date stated above, at 1010 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Phthisis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carruthers M.D.

Address Corner Mead

Date Jan 10 — 08 1908

Place of Burial Baltimore Cemetery

Date Jan 13 1908

Undertaker C A Friedgen & Co

Address 213 E Fayette St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person eased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

(Place of Death.) No. Bath City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Loney

{Residence, if in Baltimore, Give Street and Number.} 703 Pierce St

C 8405

Duration of Residence in Baltimore. 47

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M —

BIRTHPLACE (State or country) Ind

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Loney

(Address) 703 Pierce St.

Filed 1/13 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1908

I HEREBY CERTIFY, That I attended deceased from Jan 5 1908 to Jan 10 1908 that I last saw h alive on Jan 10 1908 and that death occurred, on the date stated above, at 7 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease
Broken Compensation

(DURATION) — DAYS

Contributory (Primary) Syphilis

(DURATION) — DAYS

(Signed) H N Baker M.D.

Address Bath City Hospital

Date Jan 11 1908

Place of Burial Mt Auburn

Date Jan 13 1908

Undertaker R A Elliott

Address 508 Rayner Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1012 N. Calhoun St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Adella Thomas

{Residence, if in Baltimore, Give Street and Number.} 1012 Calhoun St

C8 406

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, — months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Corey Taylor

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Jennie Hughe

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Thomas

(Address) 1012 N. Calhoun

Filed 1/15 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 11th 1907

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907....

and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate.)

Emphysema Debility

(DURATION) .... DAYS

Contributory (Primary.)

(DURATION) .... DAYS

(Signed) Lida Bowdoin M.D.

Address 700 Lex. ave. (Comm.)

Date Jan. 11th 1907

Place of Burial Mt. Auburn Cem.

Date Jan 14th 1907

Undertaker Saml H. Chase & Son

Address 1400. Mosher St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1360 N. Fremont Ave. David and St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Rebecca Lee

{Residence, if in Baltimore, Give Street and Number.} 1360 N. Fremont Ave

C8407

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1907

AGE: — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Singl

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: David Lee

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rebecca Thomas

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lettie Johnson

(Address) 1360. N Fremont

Filed 1/16 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 12th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. av. (corner)

Date Jan. 12 m 190..

Place of Burial Mt Auburn Cem

Date Jan 14 1908

Undertaker Saml H. Chase

Address 1400 Mosher St

WM. J. C. DULANY CO. Baltimore.

CERTIFICATE OF DEATH.

(Place of Death.) No. 712 S Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Ey

{Residence, if in Baltimore, Give Street and Number.} 712 S Rose

C8408

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 8th 1905

AGE 2 years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Ey

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Louise Bocock

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Ey

(Address) 712 S. Rose St.

Filed 1/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 11 1907

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Jan 10 1908

that I last saw her alive on Jan 10 1908,

and that death occurred, on the date stated above, at 7.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 14 DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) O. L. Long M.D.

Address 2429 Grant Ave

Date Jany 11 1907

Place of Burial Evangelical Cemetery

Date Jan. 13th 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue. S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

tracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***enty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8409

Registered No. B.....

City of Baltimore, (No. 1215 Druid Hill ave. St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maria Saulsbury

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Elkton Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Araminta Saulsbury

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. M. Fox

(Address) 1215 Druid Hill Ave

File 1/13 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 13th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1907 to Jan. 12th 1908 that I last saw h.er alive on the 12th Jan. 1908, and that death occurred, on the date stated above, at 2.15 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

10 (DURATION) DAYS

Contributory Bronchitis & Influenza (DURATION) DAYS

(Signed) R. M. Hall M. D.

Jan. 13th 1908 (Address) Druid Hill Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Int Auburn Cemetery

DATE OF BURIAL: Jan 15 1908

UNDERTAKER: John A. Bixler

ADDRESS: Druid Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **forty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. 1823 Division — St. (If death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lloyd King

Residence, if in Baltimore, Give Street and Number. 1823 Division St

Duration of Residence in Baltimore. 50 yrs

C8410

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: unknown

AGE: 75? years, — mont's, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: King

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Coal business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary King

(Address) 1823 Division St

Filed 1/13 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 11 1908

I HEREBY CERTIFY, That I attended deceased from June 5 1907 to Jan 11 1908

that I last saw h im alive on Jan 11 1908, 8:05 P.M. and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Stenosis
Cardiac Dilatation
about 2 yrs. (DURATION) 730 DAYS

Contributory (Primary.) Syncope (DURATION) 5 DAYS

(Signed) L Bernard Hughes M.D.

Address 705 George St

Date Jan 11 1908

Place of Burial Mt Auburn Cemetery

Date Jan - 14 , 1908

Undertaker J a. Bush Jr

Address 1107 Druid Lane

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under him to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

CERTIFICATE OF D

(Place of Death.) No. 213 Third Ave Hampden (Hospital or Institution, give its Name instead of Street and Number)

Full Name Lydia Ellen Eddy

{Residence, if in Baltimore, Give Street and Number.} 213 Third Ave Hampden

Duration of Residence in Baltimore. 18 years C8411

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH	Sept 12 1837
AGE	70 years, 4 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Anne Arundel Co
FULL NAME OF FATHER	Caleb Clark
BIRTHPLACE OF FATHER (State or country)	A. A. Co. Md.
MAIDEN NAME OF MOTHER	Mrs. Ray
BIRTHPLACE OF MOTHER (State or country)	unknown
OCCUPATION OF DECEASED	Disabled

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sylvester A. Baker

(Address) 213 Third ave

Filed 1/13 1908 SAMY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1908

I HEREBY CERTIFY, That I attended deceased from June 9 1908 to Jan. 10 1908

that I last saw h alive on Jan 10 1908,

and that death occurred, on the date stated above, at 5

a.m. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D. O. Smith M.D.

Address 206-3rd ave

Date Jan 12 1908

Place of Burial St. Marys. Hampden

Date Jan 14 th 1908

Undertaker Wm. E. Chenowith & Son

Address 919-3rd ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 1407 McCulloh St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eleanor L. Mittnacht

{Residence, if in Baltimore, Give Street and Number.} 1407 McCulloh St.

Duration of Residence in Baltimore. 39 years.

C8412

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Apr. 23 1834

AGE: 73 years, 8 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. Y. State

FULL NAME OF FATHER: Martin Deming

BIRTHPLACE OF FATHER (State or country): Conn.

MAIDEN NAME OF MOTHER: Esther Hoven

BIRTHPLACE OF MOTHER (State or country): N. Y. State

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Mittnacht

(Address) 1407 McCulloh St

Filed 1/13 190 8

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 11 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1907 to Jan. 11 1908

that I last saw h[illegible] alive on Jan 11 1908,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright Disease

Years. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James C. Clark M.D.

Address 1701 Madeira Ave

Date Jan. 12. 1908. 190

Place of Burial Greenmount Cemetery

Date Jan. 13, 190 8

Undertaker Henry W. Means & Son

Address 605 N. Calvert St.

605 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE

(Place of Death.) No. 219 N. Amity St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robt H. Matthews

{Residence, if in Baltimore, Give Street and Number.} 219 N. Amity St

Duration of Residence in Baltimore. About 40 years

C8413

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Brown skin

DATE OF BIRTH — — 1

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Matthews

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Fannie Boyd

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Matthews

(Address) 219 N Amity St

Filed 1/13 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to Jan 10 1908 that I last saw h alive on Jan 10 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) 8 DAYS

Con'ributory (Primary.) Asthenia

(DURATION) 3 DAYS

(Signed) V. I. Norwood M.D.

Address 739 W Fay ette

Date Jan 10 1908

Place of Burial mt auburn cemetery

Date Jan 13 1908

Undertaker John H Jackson

Address 142 N Hill st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person ased, and the *cause and date of death.*

CERTIFICATE

(Place of Death.) No. 1825-E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard J. Donnelly

{ Residence, if in Baltimore, Give Street and Number. } 1825 E. Biddle

Duration of Residence in Baltimore. 5-8 years

C8414

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 7 18??

AGE: 63 years, ___ months, ___ days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Cornelius Donnelly

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Julia M Donnelly

(Address) 1825 E O Biddle

Filed 1/13 1908

HARRY O. ARDEN, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 13th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 11th 1908 to Jan 13th 1908 that I last saw him alive on Jan 12th 1908, and that death occurred, on the date stated above, at 1215 a.m. CAUSE OF DEATH (Secondary or Immediate)

Sypehs

(DURATION) DAYS

Contributory (Primary.) Val heart Fever about

(DURATION) 2 DAYS

(Signed) Alex B Randolph M.D.

Address 809 N Chanley St.

Date January 13th 1908

Place of Burial Mt Calvary

Date January 16 1908

Undertaker Robt V Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 1217 E. Oliver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna M Mooney

{ Residence, if in Baltimore, Give Street and Number. } 1217 E. Oliver

Duration of Residence in Baltimore. 50 years C8415

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH May 12 1850

AGE 57 years, — months, — days

~~SINGLE, MARRIED~~ WIDOW~~ED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Wm F Cullen

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Anna Lenellen

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna E Mooney

(Address) 1217 E. Oliver

Filed 1/13 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 12 1908

I HEREBY CERTIFY, That I attended deceased from Jan 4 1908 to Jan 12 1908 that I last saw h[illegible] alive on Jan 12 1908, and that death occurred, on the date stated above, at —— P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia — Acute

4 Dys (DURATION) DAYS

Contributory (Primary.) Contusion of chest

— (DURATION) DAYS

(Signed) [illegible] M.D.

Address 125 N Bway

Date Jan 13/08 1908

Place of Burial St Mary Cathedral

Date January 15 1908

Undertaker Robt J Turner

Address 1442 N. Broadway.

125 E. Bway.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased, or other person superintending the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE

(Place of Death.) No. 369 W. Preston St.

(If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Geo. N. F. Douglass

{Residence, if in Baltimore, Give Street and Number.} 369 W. Preston St

C 8416

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 72 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Labor	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Douglass

(Address) 369 W. Preston St

Filed 1/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 11th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate

Heart Disease

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Chas. Baldwin M.D.

Address Two Lof. av. Canton,

Date Jan. 12th 1907

Place of Burial Laurel Md

Date Jan 13 1907

Undertaker Wm J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8417

Registered No. B

City of Baltimore, (No. 1607 Hanover St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma B. Gadd

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec (Month) 18 (Day) 1908 (Year)

AGE: 4 years, [illegible] months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Charles H Gadd

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Susie L Denton

BIRTHPLACE OF MOTHER (State or country): Calvert Co. Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles H Gadd

(Address) 1607 Hanover St

Filed 1/13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 13th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 8th 1908 to Jan 13th 1908 that I last saw h[illegible] alive on Jan 12 1908, and that death occurred, on the date stated above, at 5- a. m. The CAUSE OF DEATH was as follows:

Scarlet fever
with throat symptoms resembling Diphtheria

(DURATION) 5- DAYS

Contributory (DURATION) DAYS

(Signed) W. F. Hill M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: LOUDON PARK. DATE OF BURIAL: JAN 14 1908

UNDERTAKER: Armstrong Denny Co. ADDRESS: 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE

9 A. M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be lity of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the perso sed, and the **cause and date of death.**

(Place of Death.) No. 324 N Caroy St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Welch Packie

{Residence, if in Baltimore, Give Street and Number.} 324 N Caroy St

Duration of Residence in Baltimore. Life

C8418

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Jan 8 1866

AGE 42 years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Alexander Packie

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary A Welch

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Anna Packie

(Address) 2532 St Paul St.

Filed 1/13 1908 MARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to Jan 11 1908

that I last saw h im alive on Jan 7 1908

and that death occurred, on the date stated above, at 8.25 a m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary) Tuberculosis (Pulmonary) more than 1 yr (DURATION) DAYS

(Signed) O Hampson Jones M.D.

Address 2529 St. Paul St

Date Jan 13 1908

Place of Burial Green Mount Cemetery

Date Jan 14 1908

Undertaker W Maurice Routson

Address 230 N Greene St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 519 S Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose Mc Caffrey

{Residence, if in Baltimore, Give Street and Number.} 519 S Paca St

C8419

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	about 75 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single -
BIRTHPLACE (State or country)	Ireland -
FULL NAME OF FATHER	Hennie McCaffrey
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. D. W. Hellman

(Address) 519 S Paca St.

Filed 1/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1908

I HEREBY CERTIFY, That I attended deceased from Nov 18 1907 to Jan 11 1908

that I last saw her alive on Jan 11 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

1 mo 24 days (DURATION) DAYS

Contributory (Primary.) Paralysis

(DURATION) 1 DAY

(Signed) Jas E Ijams M.D.

Address 865 Columbia Ave

Date Jan 12 1908

Place of Burial New Catholic Cemetery

Date Jan 14 1908

Undertaker Wm J. Leitner & Son

Address Camden & Paca Sts.

for Wash & Lanvale Aves

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under hi to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the perso ased, and the **cause and date of death.**

CERTIFICATE

(Place of Death.) No. 126 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Franklin

{Residence, if in Baltimore, Give Street and Number.} 126 Chestnut

C 8420

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Dec. 12th 1907

AGE: ..... years, 1 month's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm. Franklin

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joshua Richardson

(Address) 126 Chestnut

Filed 1/13 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 12th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 9th 1908 to Jan. 12th 1908

that I last saw him alive on " " 1908

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Same

(DURATION) DAYS

(Signed) J. L. Lennig M.D.

Address 1735 Bank

Date Jan. 12th 1908

Place of Burial Laurel

Date Jan 14 1908

Undertaker R. A. Elliott

Address 501 Regent Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Taylor

{ Residence, if in Baltimore, Give Street and Number. } 619 N. Caroline Street

C8421

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Black
DATE OF BIRTH: 1	
AGE: 54 years, months, days	
SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laundress	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband Francis Taylor

(Address) 619 N Caroline St

Filed 1/13 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 11 1908

I HEREBY CERTIFY, That I attended deceased from Jan 11 1908 to Jan 11 1908 that I last saw her alive on Jan 11 1908, and that death occurred, on the date stated above, at 9:20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Strangulation from Hernia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date 1908

Place of Burial Laurel

Date Jan 14 1908

Undertaker R. F. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE

(Place of Death.) No. 1205 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Lynch

{ Residence, if in Baltimore, Give Street and Number. } 1205 N. Wolfe C8422

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR B

DATE OF BIRTH 1

AGE 24 *years,* *months,* *days*

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1205 N Wolfe st.

Filed 1/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 — 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1.40

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) Lodge Carmichael M.D.

Address Coroner

Date Jan 12 — 08 190

Place of Burial Laurel ✓

Date Jan 14 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE

(Place of Death.) No. The Johns Hopkins Hospital St. (If Dead. Hospital or give its Name of Street and Number)

Full Name John C. Bullerdick

{ Residence, if in Baltimore, Give Street and Number. } 616 S. Rose St

Duration of Residence in Baltimore. 40 yrs C8423

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jno. C. Bullerdick

(Address) 616 S. Rose St

Filed 1/13 1908 HARRY C. ARLBERS., Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 12 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 12 1908 that I last saw him alive on Jan 12 1908, and that death occurred, on the date stated above, at 6.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary.) Chronic nephritis uraemia (DURATION) DAYS

(Signed) P.N. Blough M.D.

Address Johns Hopkins Hosp

Date Jan 13 1908

Place of Burial Oak Lawn Cem.

Date Jan — 15 — 1908

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., Baltimore.

DEPARTMENT, City of Baltimore.

C 8424

Ward 7

C 8424

Registered No. B 137

CERTIFICATE OF DEATH.

(Place of Death.) No. Inm of Mc. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Magnes

{ Residence, if in Baltimore, Give Street and Number. } 604 Campbell st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: aug 6 th 1885

AGE: 22 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Frederick Kaufmann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Schaefer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Kaufmann

(Address) S. E Cor of Scott & St Paul Sts

Filed 1/13 1908 HARRY C. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Jan 11 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia from Crip
Pneumonia abortive.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gilbert M.D.
Coroner

Address 711 W. Lemmon

Date 1. 12. 1908

Place of Burial Balto. Cemetery

Date Jan 14th 1908

Undertaker James Dignan & Son

Address 759 W. Hamburg st.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single), deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8425

City of Baltimore, (No. 1020 N. Fulton ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha Cook

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: March 25 (Month) 1841 (Day) 1841 Year)	
AGE: 67 years, 9 months, 16 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Ireland	
FULL NAME OF FATHER: Thomas Kane	
BIRTHPLACE OF FATHER (State or country): Ireland	
MAIDEN NAME OF MOTHER: Martha Patterson	
BIRTHPLACE OF MOTHER (State or country): Ireland	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Cook

(Address) 1020 N. Fulton ave

Filed 1/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 30 1908 to Jan 12 1908 that I last saw h er alive on Jan 11 1908, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Cancer of uterus, intestines and peritoneum.

(DURATION) 6 years DAYS

Contributory

(DURATION) DAYS

(Signed) Chandler Christopher M. D.

Jan 12 1908 (Address) 16 W. Dalton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western

DATE OF BURIAL: Jan 14 1908

UNDERTAKER: Geo W Little

ADDRESS: 501 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

C 8426

Registered No. B .....

City of Baltimore, (No. 116 W. Hughes St.; 22 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Robinson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: not Known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matilda Robinson

(Address) 116 W Hughes St

Filed 1/13 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1 — 11 — 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 1 — 7 — 1908 to 1 — 11 — 1908 that I last saw him alive on 1 — 11 — 1908, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Lagrippe Ended in Complications

(DURATION) 6 DAYS

Contributory Pneumonia

(DURATION) 3 DAYS

(Signed) L. D. Dyer M. D.

1 — 12 — 1908 (Address) 1113 Druid Lane

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: Jan 14 1908

UNDERTAKER: S. S. Brown & Son

ADDRESS: 108 W Mound St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

9

(Place of Death.) No. Bell City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name May Stamm

{ Residence, if in Baltimore, Give Street and Number. } 504 Callender alley.

C 8427

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 4 2 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M —
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Stamm

(Address) 504 Callender alley

Filed 1/13 1908 HARRY C. ANDREWS, FAMILY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1908

I HEREBY CERTIFY, That I attended deceased from Jan 8 1908 to Jan 12 1908 that I last saw h— alive on Jan 12 1908, and that death occurred, on the date stated above, at 10.30 M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria (Throat)

(DURATION) 5 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) W. M. Faber M.D.

Address Bell City Hospital

Date Jan 13 1908

Place of Burial London Park Cem

Date Jan 14 1908

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

10 A. M.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

C 8428

Registered No. B.....

City of Baltimore, (No. *1103 Eden St Extended St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clarence Hahn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec (Month) 11 (Day) 1905 (Year)

AGE: 2 years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Dont Know

FULL NAME OF FATHER: " "

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Peterson M.D.

(Address) 1103 E Eden St

Filed 1/13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 12 1908 that I last saw him alive on ..... 190.., and that death occurred, on the date stated above, at 6 a.m. The CAUSE OF DEATH was as follows:

Duble Pneumonia

(DURATION) 6 DAYS

Contributory Grippe Cold

(DURATION) 10 DAYS

(Signed) E. L. Peterson M. D.

Jan 12 1908 (Address) 1103 E Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Mt Carmel Cem — DATE OF BURIAL: 1-13 1908

UNDERTAKER: Hoff Burke & Son — ADDRESS: 1204 N Balto

WM. J. C. DULANY CO., BALTIMORE.

3130 P

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C8429 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1604 E. Lombard str St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bettie Jones

{Residence, if in Baltimore, Give Street and Number.} 1604 E. Lombard str,

Duration of Residence in Baltimore. 3 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH 1

AGE 51 53. years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Peter Miner

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bill Monroe

(Address) 1604 E. Lombard

Filed 1/13 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 12th 1908.

I HEREBY CERTIFY, That I attended deceased from Jan. 6th 1908 to Jan. 12 1908, that I last saw her alive on Jan. 10th 1908, and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchopneumonia

(DURATION) 6 DAYS

Con'tributory (Primary.) Bronchitis.

(DURATION) 5 DAYS

(Signed) H. D. Adler M.D.

Address 1616 E. Balto. St.

Date Jan 12th 1908.

Culpeper Va

Place of Burial

Date Jan 14th 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8430

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1238 N Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza Bosley Adams

{Residence, if in Baltimore, Give Street and Number.} 1238 N Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 91 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thomas Sparrow Bosley

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa

MAIDEN NAME OF MOTHER: Elizabeth McDonah

BIRTHPLACE OF MOTHER (State or country): Dorchester Co Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dixon Guy

(Address) 1238 N Broadway

Filed 1/13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1908

I HEREBY CERTIFY, That I attended deceased from Jan 7th 1908 to Jan 12 1908 that I last saw her alive on Jan 12 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Old age.

(DURATION) DAYS

Contributory (Primary.) Heart failure, prog. fm

(DURATION) DAYS

(Signed) Irving Miller M.D.

Address 108 E North ave

Date Jan 9th 1908

Place of Burial Balto Cemetery

Date January 14 1908

Undertaker David M. Team Co

Address 829 Linden ave,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward C 8431 C 8451

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 2302 E. 6 hase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A. McKee

{ Residence, if in Baltimore, Give Street and Number. } 2302 E 6 hase St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W. hite

DATE OF BIRTH 1856

AGE 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER dont know

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Herbert

(Address) 2302 E. 6 hase St.

Filed 1/13 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 1908

I HEREBY CERTIFY, That I attended deceased from Jan 7 1908 to Jan 11 1908 that I last saw h Sr alive on Jan 10 1908. and that death occurred, on the date stated above, at 400 a M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis etc

(DURATION) 7 DAYS

Contributory (Primary) Mitral insufficiency

(DURATION) DAYS

(Signed) Bernard Wyns M.D.

Address 825 E Chase St

Date Jan 13 1908

Place of Burial Cathedral Cem.

Date Jan. 14th 1908.

Undertaker Jno. A. Inman

Address Bank & Annsley.

WM. J. C. DULANY CO., BALTIMORE.

Dr. West 6 hase St. near Valley

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 68432 — Registered No. D...

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 2830 Catherine St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sophia A Colburn

{Residence, if in Baltimore, Give Street and Number.} 2830 Catherine St

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 31 1827

AGE: 80 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Kentucky

FULL NAME OF FATHER: Wm Martin

BIRTHPLACE OF FATHER (State or country): Kentucky

MAIDEN NAME OF MOTHER: Mary Hathaway

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A J. Valentine

(Address) 2830 Catherine St

Filed 1/13 1908 HARRY O. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 11 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Jan 11 1908 that I last saw her alive on Jan 11 1908, and that death occurred, on the date stated above, at 8.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure
Pneumonia
Age

Four days (DURATION) 4 DAYS

Contributory (Primary) La Grippe

Five days (DURATION) 5 DAYS

(Signed) Percy Gilpin M.D.

Address 211-W-25 St

Date Jan 13 1908

Place of Burial New Cathedral

Date Jany 17 1908

Undertaker Robt F Turner

Address 1422 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C8433 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2022 E Fayette St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Chas Wallbillich

{Residence, if in Baltimore, Give Street and Number.} 2022 E Fayette

Duration of Residence in Baltimore. 51 — yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 22 1833

AGE: 77 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~M~~ W

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: C Wallbillich

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Wallbillich

(Address) 2022 E Fayette St

Filed 1/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 12 1908

I HEREBY CERTIFY, That I attended deceased from Jany 3d 1908 to Jany 12th 1908 that I last saw h[illegible] alive on Jan 11th 1908, and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) 9 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edw. M. Longwood M.D.

Address 5 N. Washington St

Date Jany 13th 1908

Place of Burial Holy Redeemer

Date Jany 15 1908

Undertaker Robt Stevens

Address 1442 N. 19th St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C8434

93

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephen Wojtek.

{ Residence, if in Baltimore, Give Street and Number. } 209 N. Duncan St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Wojtech

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Barbara Yenuza

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wojtech

(Address) 209 N Duncan St.

Filed 1/13 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 11 1908.

I HEREBY CERTIFY, That I attended deceased from Dec. 20 1907 to Jan. 11 1908

that I last saw him alive on Jan. 11 1908,

and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Oedema of Lungs

(DURATION) DAYS

Contributory (Primary.) Labor

(DURATION) DAYS

Pneumonia

(Signed) Com. Schmitz M.D.

Address St. Joseph's Hospital

Date Jan. 11 1908.

Place of Burial Holy Sepulchre

Date Dec 14 1908

Undertaker Jerome C. M. Brach

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

Registered No. B C 8435

City of Baltimore, (No. 1506 E. Chase St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Raabe.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct (Month) 7 (Day) 1823 (Year)

AGE: 84 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: John Raab.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Craudich

(Address) 1506 E. Chase St.

Filed 1/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 1st 1908 to Jany 12 1908

that I last saw h in alive on Jany 11 1908,

and that death occurred, on the date stated above, at 6 a. M. The CAUSE OF DEATH was as follows:

Pneumonia Influenza

Exhaustion

10 days (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) Wm D. Gorse M. D.

Jany 14 1908 (Address) Gardenville Md

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: —

How long at Place of Death? 2 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lauden Park Cem

DATE OF BURIAL: Jany 15 1908

UNDERTAKER: A. Fink & Son

ADDRESS: 965 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

C8436

CERTIFICATE OF DEATH.

56

(Place of Death.) No. 1730 Carlisle Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fred S Ebert

{Residence, if in Baltimore, Give Street and Number.} 1730 Carlisle Pl.

Duration of Residence in Baltimore. 1730 Carlisle Pl.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH Jan 26 1846

AGE 61 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Gardner.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Ebert

(Address) 1730 Carlisle

Filed 1/14 1908 HARRY C. ADDKINS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h~~im~~ alive on ... 190 ...

and that death occurred, on the date stated above, at 12 ~~PM~~

I. CAUSE OF DEATH (Secondary or Immediate)

Alcoholism

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Fredk S Camalier M.D.

Address Coroners Office

Date Jan. 11. 1908

Place of Burial Baltimore Cemetery

Date Jan 14th 1908

Undertaker A. Fink & Son

Address 916 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8437 Registered No. B .....

CERTIFICATE OF DEATH. 19

Place of Death.) No. 216 S Spring St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Cutler

{ Residence, if in Baltimore, Give Street and Number. } 216 S Spring

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: ..... 1 .....

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Marred

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Butler

(Address) 216 S. Spring St

Filed 1/14 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... Jan 11 = ... 1908

I HEREBY CERTIFY, That I attended deceased from

— 190 .... to .... 190 ....

that I last saw h .... alive on .... 190 ....

and that death occurred, on the date stated above, at ....

.... M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

.... (DURATION) .... DAYS

Contributory (Primary.) .....

.... (DURATION) .... DAYS

(Signed) Thomas Snyder Coroner M.D.

Address 320 N Gaure St

Date .... 190 ....

Place of Burial Ashley Cemetery

Date Jan 14 190 8

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C8438

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 206 Halfmoon alley St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Arthur P. Francis

{ Residence, if in Baltimore, Give Street and Number. } 206 Halfmoon alley

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: May 10 1907

AGE: ..... years, 8 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Jno Francis

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Maggie Saunders

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Saunders

(Address) 206 Halfmoon al

Filed 1/14 1908

HARRY C. ARDREY, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 10 1908

I HEREBY CERTIFY, That I attended deceased from Jan 7 1908 to Jan 10 1908

that I last saw h alive on — 190—,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hanson M.D.

Address 1216 N. Caroline Coroner

Date Jan. 13 1908

Place of Burial Asbury Ann

Date Jan 14, 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8439

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 1834 Ashland Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edward Hickman

{Residence, if in Baltimore, Give Street and Number.} 1834 Ashland Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE + years, 17 months, + days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ida Williamson

(Address) 1834 Ashland Ave

Filed 1/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 12 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred on the date stated above, at 8

M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(Sudden)

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Edgar Cameron M.D.

Address Corner Wash

Date Jan 12 1908

Place of Burial Laurel Cem

Date Jan 14 1908

Undertaker R. A. Elliott

Address 516 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C8440

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name John Taeckel

{Residence, if in Baltimore, Give Street and Number.} ~~1111~~ 707 N. Chester St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: W.
DATE OF BIRTH: March 1st 1840	
AGE: 67 years, 9 months, 12 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: Paul Taeckel	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: Lena Salma	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Farmer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Cleary

(Address) Preston & Wolfe sts

Filed 1/14 1908

HARRY C. ANDREES, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h alive on Jany 9 1908,

and that death occurred, on the date stated above, at 4 p.m. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

Unknown (DURATION) DAYS

Contributory (Primary.) Bronchial Pneumonia (DURATION) 3 wks DAYS

(Signed) T. Delaney M.D.

Address 1133 Valley st

Date Jany 12 1908

Place of Burial St. Matthews Cem

Date Jan 15 1908

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C8441

CERTIFICATE OF DEATH.

(Place of Death.) No. 1810 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm H Wooden

{Residence, if in Baltimore, Give Street and Number.} 1810 Aisquith St,

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: 1

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Thomas Wooden

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Health Dept

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C Bailey

(Address) 1810 Aisquith St

Filed 1/14 1908 HARRY C. ARLRESS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Jan 12 1908 that I last saw him alive on Jan 12 1908 and that death occurred, on the date atated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac dilatation

(DURATION) 2 DAYS

Con'ributory (Primary.) Endocarditis Chr

Arteria Sclerosis Etc (DURATION) 6 DAYS

(Signed) E H Hayward M.D.

Address 1330 E Cross

Date 1-13

Place of Burial Greenmount

Date Jan. 15/08

Undertaker Wm Cook

Address 202 N Arthur

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

C8442

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 117 Carroll St Hampden St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Richard B Kelly

{ Residence, if in Baltimore, Give Street and Number. } 117 Carroll St Hampden

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH ..... 1.....

AGE 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) ~~Md~~ Balto. Md

FULL NAME OF FATHER John W Kelly.

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Georgia Kelly

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Georgia Kelly

(Address) 117 Carroll St

Filed 1/14 190 8

HENRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 11 1908

I HEREBY CERTIFY, That I attended deceased from Oct 15th 1907 to Jan 12 1908

that I last saw h~~e~~r alive on Jan 11 1908,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

.....(DURATION) ..... DAYS

Contributory (Primary.) Phthisis Pulm

Acute (~~or chronic~~) (DURATION) ..... DAYS

(Signed) R B Townsend M.D.

Address 3043 Chestnut Ave

Date 190

Place of Burial St Marys Cemt

Date Jan 14/08 190

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

C 8443

Registered No. B

City of Baltimore, (No. 1608 Guilford ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Arthur Nelson Swanson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. (Month) 18th (Day) 1907 (Year)

AGE: ..... years, ... months, 26 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Frank E. Swanson

BIRTHPLACE OF FATHER (State or country): Illinois

MAIDEN NAME OF MOTHER: Cora Conway

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE~~ AND BELIEF.

(Informant) Frank E Swanson

(Address) 1608 Guilford av

Filed 1/14 1908 HARRY C. ARNESS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 10 1908 to Jan. 13 1908

that I last saw h- alive on Jan. 13 1908,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 3 DAYS

Contributory

(DURATION) DAYS

(Signed) James M Fenton M. D.

Jan. 13 1908 (Address) 704 E Chase St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Woodbine Cemetery

DATE OF BURIAL: Jan. 15 1908

UNDERTAKER: Wm Cook

ADDRESS: 502 E Monument

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

157

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8444

City of Baltimore, (No. 2014, Linden Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edith Cohen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jany (Month) 2 (Day) 1908 (Year)

AGE: ..... years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Max Cohen

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Edith Jacobs

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Cohen

(Address) .....

Filed 1/14 1908

HARRY C. ARDREES, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 12 1908 to Jany 13 1908 that I last saw her alive on Jany 13 1908, and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

Congenital Debility
Melena
Forceps Delivery 2d.

(DURATION) 14 DAYS

Contributory Convulsions

(DURATION) 12 hrs

(Signed) Wm Lewis M. D.

Jany 14 1908 (Address) 1220 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Dold Woodlawn Cemetery

DATE OF BURIAL: Jan 14 1908

UNDERTAKER: J. Rhoads

ADDRESS: 754 Eutaw

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 0

C 8445

100

CERTIFICATE OF DEATH.

(Place of Death.) No. #1735 E Lafayette Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John M Blum

{Residence, if in Baltimore, Give Street and Number.} #1735 E Lafayette Ave.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: July 21st 1868 1	
AGE: 39 years, 5 months, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Philip Blum
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Johanna Bohlmann
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Blum

(Address) 1735 E. Lafayette Av

Filed 1/14 1908

HENRY C. AHLERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 11th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 20th 1907 to January 11th 1908

that I last saw him alive on January 10th 1908,

and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Intestinal Catarrh

(DURATION) 4 months DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred Stoner M.D.

Address 1501 E Fayette

Date January 13th 1908

Place of Burial Mt. Carmel Cemetery

Date 1/14/08 190

Undertaker J Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8446

Registered No. B.....

City of Baltimore, (No. 2225 Pennsylvania Ave, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Bryson Paul

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April (Month) 10 (Day) 1845 (Year)

AGE: 62 years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jacob Paul

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ann. Smith

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Store keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Paul

(Address) 1532 N. North Ave.

Filed 1/14 190 8

HARRY C. ARMES, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 12th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 4th, 1908 to Jan 12th 1908 that I last saw h[im] alive on Jan 12th, 1908, and that death occurred, on the date stated above, at 12 0'c M.M. The CAUSE OF DEATH was as follows:

La Grippe and Pneumonia

(DURATION) 8 DAYS

Contributory Cardiac failure

(DURATION) 2 DAYS

(Signed) Wm E Miller M. D.

Jan 13th 1908 (Address) 2239 Pennsylvania Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Jan 15 190 8

UNDERTAKER: Josiah Syfer

ADDRESS: 1600 N. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

Registered No. B 8447

City of Baltimore, (No. 2225 Penna Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Paul.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan. (Month) 10 (Day) 1847 (Year)

AGE: 61 years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Patrick Downey

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Margaret Clark.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Winifred Devine

(Address) 12 Lab. Sq. Hos.

Filed 1/14 1908

HARRY C. ARBERS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 12th (Day), 1908 (Year).

I HEREBY CERTIFY, That I attended deceased from Jan. 6th, 1908 to Jan. 12th, 1908 that I last saw her alive on Jan. 12th, 1908, and that death occurred, on the date stated above, at 10.05 P. M. The CAUSE OF DEATH was as follows:

La Grippe and Pneumonia

(DURATION) 6 DAYS

Contributory Respiratory failure and Dyspnoea (DURATION) 2 DAYS

(Signed) Wm E. Miller M. D.

Jan. 12th 1908 (Address) 2239 Penna. Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem.	Jan. 15 1908
UNDERTAKER	**ADDRESS**
Josiah Syfer	1600 N. North Ave.

C8448

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1734. N. Bond. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman Wollenberg.

{ Residence, if in Baltimore, Give Street and Number. } #1734. N. Bond St

Duration of Residence in Baltimore. 71 year

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Wollenberg

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dot. Lewis

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Wollenberg

(Address) 1734 N. Bond St.

Filed 1/14 1908 HARRY C. ARNOLD, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 12 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1907 to Jan 12 1908 that I last saw h alive on Jan 11 1908, and that death occurred, on the date stated above, at 9:20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

[redacted] (DURATION) 1 DAYS

Contributory (Primary) Respiratory failure (DURATION) 1 DAYS

(Signed) John Davis M.D.

Address 2102 Orleans St

Date Jan 12 1908

Place of Burial Baltimore Cemetery

Date June 15 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 8449 174

CERTIFICATE OF DEATH.

(Place of Death.) No. 135 E Gittings St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gustav Wedemeyer

{Residence, if in Baltimore, Give Street and Number.} 135 E Gittings St

Duration of Residence in Baltimore. 16 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: June 5. 1863

AGE: 44 years, 7 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Bernard Wedemeyer.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Anna Wedemeyer

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Sheet metal worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Wedemeyer (wife)

(Address) 135 E Gittings St.

Filed 1/14 1908 HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 11 1908.

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date January 11. 1908

Place of Burial Cedar Hill

Date Jan 14th 1908

Undertaker Jas. Stansteadt

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

131

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8450

Registered No. B .....

City of Baltimore, (No. Church Home & Infirmary St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Genevieve R. Emerine

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Jan 15 1888 (Month) (Day) (Year)
AGE	19 years, 11 months, 29 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	William Cator
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Ida Penn
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W Emerine

(Address) 1917 Edmondson Ave

Filed 1/14 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 7 1908 to Jan 13 1908

that I last saw h alive on Jan 12 10 PM 1908,

and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH was as follows:

Pneumonia, right lobar, (Dilatation of Stomach, acute)
Immediate Cause, Syncope from heart failure (DURATION) 6 DAYS
Contributory was operated for ovarian cyst. ow d 7th 08 (DURATION) DAYS

(Signed) Irving Miller M. D.

Jan 13 1908 (Address) 108 E. North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1917 Edmondson Ave How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
LOUDON PARK.	JAN 16 1908
UNDERTAKER	ADDRESS
Armstrong Denny Co.,	715 Light Street.

C8451

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 203 E Hughes ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Adam Wolf

{ Residence, if in Baltimore, Give Street and Number. } 203 E Hughes Ave

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 27 1907

AGE ..... years, 4 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm H Wolf

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Maggie Stewart

BIRTHPLACE OF MOTHER (State or country) Salisbury Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Wolf (Father)

(Address) 203 E Hughes ave

Filed 1/14 1908 HARRY C. ADDRESS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 13 1908

I HEREBY CERTIFY, That I attended deceased from Jany 10 1908 to Jany 10 1908

that I last saw h. alive on Jany 10 1908,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 2 hrs. DAYS

Contributory (Primary.) Acute Indigestion

(DURATION) 1/2 DAYS

(Signed) E. Judson Wilson M.D.

Address 2049 W. Balto St

Date Jany 14 1908

Place of Burial BALTIMORE CEMETARY.

Date JAN 14 1908

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C8452

CERTIFICATE OF DEATH.

(Place of Death.) No. Rear. 101 N. Curley St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Owen Dawson

{Residence, if in Baltimore, Give Street and Number.} None

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	1
AGE	45 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	?
BIRTHPLACE (State or country)	?
FULL NAME OF FATHER	?
BIRTHPLACE OF FATHER (State or country)	?
MAIDEN NAME OF MOTHER	?
BIRTHPLACE OF MOTHER (State or country)	?
OCCUPATION OF DECEASED	?

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/14 1908 HENRY G. ANDREWS, FIRST CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 2½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease
Sudden

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carullus M.D.

Address Coroner

Date Jan 11 1908

Place of Burial UNIVERSITY OF MARYLAND.

Date JAN 13 1908 190

Undertaker Commissioner Health. Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

#3

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8453

CERTIFICATE OF DEATH. C8453 64

(Place of Death.) No. 1704 N. Regester St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Elizabeth P. Huzza

{Residence, if in Baltimore, Give Street and Number.} 1704 N. Regester

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 8 1819

AGE 89 years. — months. — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Samuel Land

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Margret Sleist

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margret Sulivan

(Address) 1704 N Regester St

Filed 1/14 1908 HARRY C. ARLNERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 12 1908

I HEREBY CERTIFY, That I attended deceased from DEC 27 1907 to Jan 12 1908 that I last saw h[er] alive on Jan 11 1908 and that death occurred, on the date stated above, at 7 30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy —

2 Weeks (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Thurdon Smith M.D.

Address 1898 N Charles St

Date Jan 14 1908

Place of Burial Loudon Park Cemetery Baltimore Co Md

Date Jan 14 1908

Undertaker Wilbur W Sherwood

Address 116 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10

CERTIFICATE OF DEATH.

114

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel O'Connor

{Residence, if in Baltimore, Give Street and Number.} 126 So. Arlington Ave.

Duration of Residence in Baltimore. 32 yrs.

C 8454

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thos A Connor

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary A ——

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fulda

(Address) 1200 W. Fayette

Filed 1/14 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3, 1908 to Jan 12 1908 that I last saw h alive on Jan 12, 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Toxemia

(DURATION) 7 DAYS

Contributory (Primary.) Empyema of Gall Bladder (DURATION) 6 wks DAYS

(Signed) Geo. F. Klinger M.D.

Address St. Josephs Hosp.

Date Jan. 12 1908

Place of Burial Mt Olivet

Date Jan 15th 1908

Undertaker John J Fulda

Address 1200 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

78

CERTIFICATE OF DEATH.

(Place of Death.) No. 2nd General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Brice Douglas.

{ Residence, if in Baltimore, Give Street and Number. } Hickman Del.

C 8455

Duration of Residence in Baltimore. ~

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1842

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Durand

(Address) As above.

Filed 1/14 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6th 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1907 to Jan 6 1908

that I last saw h[illegible] alive on Jan 5 1908

and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

Two weeks (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. W. Brown M.D.

Address Jud. Gen. Hosp.

Date Jan 13 1908

Place of Burial UNIVERSITY OF MARYLAND

Date JAN 13 1908 190

Undertaker Commissioner of Health. Per E. WOODALL,

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

#1298

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Riley

{ Residence, if in Baltimore, Give Street and Number. } Aberdeen Md. C8456

Duration of Residence in Baltimore. 4 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: 1

AGE: 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/14 1908 MARY C. ARMES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 1908

I HEREBY CERTIFY, That I attended deceased from Jan 8 1908 to Jan 11 1908 that I last saw h alive on Jan 11 1908 and that death occurred, on the date stated above, at 11 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tetanus

(DURATION) 8 DAYS

Contributory (Primary.) Tetanus

(DURATION) DAYS

(Signed) W. W. Eshe M.D.

Address Bay City Hospital

Date Jan 13 1908

Place of Burial UNIVERSITY OF MARYLAND JAN 13 1908

Undertaker Commissioner Board, Per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

30 1

Ward ..... C 8457 C 8457 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 2322 E. Fayette St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Brunner

{Residence, if in Baltimore, Give Street and Number.} 2322 E Fayette St

Duration of Residence in Baltimore. 56 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 81 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 1/14 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 ..... 1/2

and that death occurred, on the date stated above, at 12 1/2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(Sudden)

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Jan 14 — 08 1908

Place of Burial Mt Carmel Cem.

Date Jany 16 1908

Undertaker J Wesley Jackson

Address 745 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8458 80

CERTIFICATE OF DEATH.

(Place of Death.) No. 951 Penna ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa A. Bender

{Residence, if in Baltimore, Give Street and Number.} 951 Pennsylvania ave

Duration of Residence in Baltimore. 16 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: 1875 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Westmoreland Co Va

FULL NAME OF FATHER: Wm H. Douglass

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Susanna Davis

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo R. Bender

(Address) 951 Pennsylvania ave

Filed 1/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 11 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2 1908 to Jan 11th 1908 that I last saw h[er] alive on Jan 11th 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Haemoglobinuria (hemyelmal)

11 (DURATION) — DAYS

Contributory (Primary.) unknown

(DURATION) DAYS

(Signed) Dan Leutt M.D.

Address 912 Park ave

Date Jan 13 1908

Place of Burial Loudon Park

Date 1/14 1908

Undertaker Wm J Schilling

Address 848 Hopkins pl

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1

C8459

CERTIFICATE OF DEATH. 11v

(Place of Death.) No. 1601 Aisquith St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Dunerling

{ Residence, if in Baltimore, Give Street and Number. } 1601 Aisquith St.

Duration of Residence in Baltimore. 56 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar. 22nd 1

AGE: 74 years, 9 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Erhardt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Hoffman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1601 Aisquith St

Filed 1/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

Dr. E. B. Byrd

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 12th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1907 to Jan 12th 1908

that I last saw him alive on Jan 12th 1908,

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis Liver

& Anemia

3 0 4 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno Burke Byrd M.D.

Address 104 E. Madison St

Date Jan 14th 1908

Place of Burial Holy Redeemer

Date Jan 15, 1908

Undertaker T. C. Breadfield

Address 914 Fourmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C8460 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1037 Clifton Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hugh Dyer

{ Residence, if in Baltimore, Give Street and Number. } 1037 Clifton Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 15, 1868

AGE: 39 years, 10 months, 26 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Dyer

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margt McDermott

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Path. Dyer

(Address) 1037 Clifton Place

Filed 1/14 1908 HARRY C. ADDREES, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 17th 1907 to Jan 13th 1908 that I last saw him alive on Jan 13th 1908, and that death occurred, on the date stated above, at 8 00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

3 or 4 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno Bruce Bayle M.D.

Address 104 E. Madison

Date Jan 14th 1908

Place of Burial Cathedral

Date Jan. 16th. 1908

Undertaker H. C. Niedfeld

Address 914 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 8461

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 207 S Wiedeira St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Trusty

{Residence, if in Baltimore, Give Street and Number.} 207 S Wiedeira St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John H Trusty

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Henrietta

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret J. Trusty

(Address) 207 S Wiedeira St

Filed 1/14 1908

HARRY C. ADINGO, PARKIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug - 1907 to Jan 13 1908

that I last saw him alive on Jan 13 1908,

and that death occurred, on the date stated above, at 5 a. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary tuberculosis (DURATION) DAYS

(Signed) H. E. Laroque M.D.

Address 2041 E Pratt St

Date Jan 13 1908

Place of Burial Laurel Cemetery

Date Jan 15th 1908

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 1410 Patapsco St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Bomhoff.

{Residence, if in Baltimore, Give Street and Number.} 1410 Patapsco

Duration of Residence in Baltimore. Life

C8462

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH May 28th 1846

AGE 61 years, 7 months, 15 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm. C. Bomhoff

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Magdalin Nolte

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Broker dealer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Carey E. Bomhoff

(Address) 1410 Patapsco st

Filed 1/14 1908 JOHN C. ANDRES, FAMILY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Jan 13th 1908 that I last saw him alive on Jan 12th 1908, and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 1 2 DAYS

(Signed) Wm. H. Hayden M.D.

Address 1425 Light St

Date Jan 13th 1908

Place of Burial London Park Cem

Date Jan 15th 1908

Undertaker E. Schloman & Son

Address 1039 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B

CERTIFICATE OF DEATH.

19

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaac Lewis Bender

{Residence, if in Baltimore, Give Street and Number.} Martinsburg W Va

C8463

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 26 1850

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER Solama Bender

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Isabella Sadler

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED County Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lee M. Bender Jr

(Address) Martinsburg W. Va

Filed 1/14 1908 HARRY C. FORREST PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 14 1908

I HEREBY CERTIFY, That I attended deceased from Dec 31 1907 to Jan 14 1908

that I last saw h alive on Jan 14 1908,

and that death occurred, on the date stated above, at 1.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) O. H. Clough M.D.

Address Johns Hopkins Hospital

Date January 14 1908

Place of Burial Martinsburg W. Va

Date Jan 14th 1908

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

Registered No. B C 8464

City of Baltimore, (No. 1721 N. Carey st St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosa Saphron

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Do not know (Month) (Day) Year)
AGE	2 years, 6 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Philip Saphron
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Bessie Aronson
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Fedofsea

(Address) 718 S. Charles St

Filed 1/14 1908

HARRY C. ARMES, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Jan 14 1908 that I last saw her alive on Jan 13 1908, and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Bronco-pneumonia

(DURATION) 14 DAYS

Contributory Pericarditis

(DURATION) 2 DAYS

(Signed) J. K. B. E. Seegar M. D.

Jan 14 1908 (Address) 1529 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Cem Washington Road Lane	January 1908
UNDERTAKER M. Doyle and Son	ADDRESS 176 E. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 8465 Registered No. [illegible]

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1414 N. Fulton Ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Herman Fehler

{Residence, if in Baltimore, Give Street and Number.} 1414 N. Fulton Av C 8465

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 10 1848

AGE 59 years, 11 months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Fehler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Fehler

(Address) 1414 N. Fulton Ave

Filed 1/14 1908 HENRY C. ANDREWS, PARLIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Jan 12 1908

that I last saw h[illegible] alive on Jan 12 1908

and that death occurred, on the date stated above, at 2 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Valvular disease of heart (DURATION) 365 DAYS

(Signed) [illegible] M.D.

Address 502 W. North Ave

Date Jan 13 1908

Place of Burial Baltimore Cemetery

Date January 15 1908

Undertaker Harry W. Ehlen

Address 1944 W. North ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 240 N. Rose St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Monica Anton

{Residence, if in Baltimore, Give Street and Number.} 246 N. Rose st

C 8466

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 10 1830

AGE 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Diegelman

BIRTHPLACE OF FATHER (State or country) Ger

MAIDEN NAME OF MOTHER Spahn

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Wise

(Address) 240 N. Rose st.

Filed 1/14 1908 HENRY C. ARIRENS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1908

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Jan 13 1908

that I last saw h[illegible] alive on Jan 12 1908

and that death occurred, on the date stated above, at 10.00 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary) Arteriosclerosis (DURATION) DAYS

(Signed) A. G. Kytis M.D.

Address 2204 E. Monument St

Date Jan 13 1908

Place of Burial Holy Redeemer

Date Jan. 16 1908

Undertaker Jos. J. Herr

Address 1914 E. Fayette st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 11 C 8467 Register

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1302 Argyle Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roy J. Chamber

{ Residence, if in Baltimore, Give Street and Number. } 1302 Argyle Ave.

C8467

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colord

DATE OF BIRTH: 1

AGE: 1 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — —

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: Charles Chambers

BIRTHPLACE OF FATHER (State or country): Cecil Co Md

MAIDEN NAME OF MOTHER: Rodia Hackett

BIRTHPLACE OF MOTHER (State or country): Howard Co Md

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Chamber

(Address) 1302 argyle ave

Filed 1/14 1908

HARRY C. ARBERS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) Lucas Baccomi M.D.

Address 1302 Argyle ave. Baltimore

Date Jan 14th 1908

Place of Burial Laurel Cemetery

Date Jan 16 1908

Undertaker John H Owens & Son

Address 1121 Dumas st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 318 S. Madeira St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Schreib

{ Residence, if in Baltimore, Give Street and Number. } 318 S. Madeira St.

Duration of Residence in Baltimore. Life

C 8468

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	July 20 1901
AGE	6 years, 5 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Raymond Schreib
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Barbara Krebs
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Raymond Schreib

(Address) 318 S. Madeira St.

Filed 1/14 1908 HARRY C. ARNOLD, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 14 1908

I HEREBY CERTIFY, That I attended deceased from Jan 7 1908 to Jan 14 1908 that I last saw him alive on Jan 13 1908 and that death occurred, on the date stated above, at 1-30 A M. CAUSE OF DEATH (Secondary or Immediate.)

Central Meningitis

(DURATION) 1 Wk 6 DAYS

Contributory (Primary.) Exhaustion (DURATION) 3 DAYS

(Signed) Geo Heller M.D.

Address 1937 Gough St

Date Jan 14 1908

Place of Burial Sacred Heart-Cemetery

Date Jan. 16 1908

Undertaker Germanus Frances

Address Bank and Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 3 N. Chapel St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clemens Metzger

{Residence, if in Baltimore, Give Street and Number.} 3 N. Chapel St

C 8469

Duration of Residence in Baltimore. about 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: March 20th 1839

AGE: 68 years, 9 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baden Germany

FULL NAME OF FATHER: dont know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alia Metzger

(Address) 3 N Chapel St.

Filed 1/14 1905 HENRY G. ATKINS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 13th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 10th 1908 to Jan. 13th 1908 that I last saw h im alive on Jan. 13th 1908 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleuro-Pneumonia

(DURATION) 6 DAYS

Con'ributory (Primary.) Pulmonary Congestion

(DURATION) 2 DAYS

(Signed) A. F. Rios M.D.

Address 213 S. Bond St

Date Jan. 13th 1908

Place of Burial Sacred Heart Cemetery

Date Jan. 16th 1908

Undertaker Germanus Thanz

Address Bank and Wolfe Sts.

Permission requested to remove Remains to 1606 N. Register St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 8470 Registered No. B

33

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Edward Fahey

{Residence, if in Baltimore, Give Street and Number.} 109 Pleasant St

C 8470

Duration of Residence in Baltimore. 16 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH May 6, 1888

AGE 19 years, 8 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Michael Fahey

BIRTHPLACE OF FATHER (State or country) Cumberland, Md.

MAIDEN NAME OF MOTHER Helen Spenzil

BIRTHPLACE OF MOTHER (State or country) Charles Co, Md

OCCUPATION OF DECEASED Brick Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Helen Fahey.

(Address) 109 Pleasant St.

Filed 1/14 1908 HENRY C. ADKINS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1908

I HEREBY CERTIFY, That I attended deceased from Nov 4 1908 to Jan 13 1908 that I last saw h[illegible] alive on Jan 13 1908 and that death occurred, on the date stated above, at 5:45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Bladder

(DURATION) 10 DAYS

Contributory (Primary) Syphilis

(DURATION) 7 DAYS

(Signed) W W Baker M.D.

Address Balto City Hospital

Date Jan 13 1908

Place of Burial Loudon Park Cemetery

Date Jan 15, 1908

Undertaker Henry W Means & Son

Address 605 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1512 Bank St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philipp Gottschalk

{Residence, if in Baltimore, Give Street and Number.} 1512 Bank St

C8471

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: 58 years, 8 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: M.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Adolph Gottschalk

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cigar-Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lisette Gottschalk

(Address) 1512 Bank st.

Filed 1/14 1908

HARRY G. ARMES
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 12th 1908

I HEREBY CERTIFY, That I attended deceased from October 1907 to Jan 12th 1908

that I last saw h— alive on Jan 10 1908,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Syncope

(DURATION) DAYS

Contributory (Primary.) Organic Heart Disease (DURATION) DAYS

(Signed) Albertus Coltun M.D.

Address 1828 E. Balto. St.

Date Jan 14th 1908

Place of Burial Mt. Carmel Cem.

Date Jan. 15th 1908

Undertaker Wendell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

Registered No. C8472

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum 78

Full Name John Daszynski

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

{ Residence, if in Baltimore, Give Street and Number. } Bay View 1

Duration of Residence in Baltimore. 22 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 95 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: .....

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: .....

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/14 1908 HARRY C. ADKINS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 13. 1908

I HEREBY CERTIFY, That I attended deceased from Jan 7 1908 to Jan 13 1908

that I last saw h alive on Jan. 13 1908,

and that death occurred, on the date stated above, at 1.40 P.M., CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

Contributory (Primary.) Endo. carditis (DURATION) ..... DAYS

(DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Jan 13 1908

Place of Burial St. Mary's Cem. Irish Rd

Date Jan. 15 1908

Undertaker Randell Lippelt & Bro

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, occupation, residence, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

C 8473

Registered No. B .....

City of Baltimore, (No. 957 Hanover St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Guandt

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Apr 25 1837
(Month) (Day) (Year)

AGE 75 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Conrad Guandt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Knutzenschel

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Guandt

(Address) 957 Hanover St

Filed 1/14 1908 HENRY G. ATKINS, CITY CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 12 th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from December 15 1907 to January 12 1908 that I last saw him alive on Jan 11 th 1908, and that death occurred, on the date stated above, at 10½ A. M. The CAUSE OF DEATH was as follows:

Bronchitis, Dyspepsia
Weakness of heart

(DURATION) 30 DAYS

Contributory Old age

(DURATION) DAYS

(Signed) H. E. Reinhard M. D.

Jan 14 1908 (Address) 1400 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Lorraine Cem | DATE OF BURIAL Jan 16 1908

UNDERTAKER H. Kuhns & Son | ADDRESS Carrollton Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward V

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 111 West Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas A. Griffith

{Residence, if in Baltimore, Give Street and Number.} 111 W. Clement St

C8474

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Oct 18 1907.

AGE 1 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER William E Griffith

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Margaret Martin

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William E Griffith

(Address)

Filed 1/14 1908

JAMES C. ARMIGER, Registrar
PARDUN CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 12 1908

I HEREBY CERTIFY, That I attended deceased from January 10 1908 to January 12 1908 that I last saw him alive on Jan 12 1908, and that death occurred, on the date stated above, at 6:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis Cerebral

(DURATION) 7 DAYS

Contributory (Primary.) Coma

(DURATION) 1 DAYS

(Signed) J. K. Wiley M.D.

Address 702 N. Calvary St

Date Jan 14. 1908

Place of Burial Catholic Cem

Date Jan 15 1908

Undertaker Daniel and M. G. Hagner

Address 42 E. West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8475 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 2107 Division St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza Lincoln

{Residence, if in Baltimore, Give Street and Number.} 2107 Division St

C8475

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Juniet A Dennis

(Address) 1332 Presstman St

Filed 1/17 1908 HARRY C. ARRANS, DEPUTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28 1907 to Jan 13 1908

that I last saw her alive on Jan 13 1908,

and that death occurred, on the date stated above, at 3 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) La Grippe

(DURATION) 15 DAYS

(Signed) M Kaster M.D.

Address 85 2. W. Northam

Date Jan 14 1908

Place of Burial Woodlawn Md Enroll 69

Date January the 18 1908

Undertaker JAMES H. DE[illegible]

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

C8476

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rt Rev Father Thomas Dennen. Donovan

{Residence, if in Baltimore, Give Street and Number.} Epiphany College - Walbrook

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: March 8th 1856

AGE: 51 years, 10 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Daniel Donovan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Johanna Quillian

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Priest

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Schrayer

(Address) Greenwood Miss

Filed 1/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 13 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 10 1907 to January 13 1908

that I last saw him alive on Jan. 13 1908,

and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

(DURATION) ? DAYS

Contributory (Primary.) Chronic Interstitial Nephritis

(DURATION) ? DAYS

(Signed) Eugene L. Perrazzo, M.D.

Address St. Joseph's Hospital

Date Jan. 13 1908

Place of Burial Mount Lake Dale

Date Jany 16th 1908

Undertaker H. Faherty & Sons

Address 606 W. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward VA C8477 C 81[illegible]

43

CERTIFICATE OF DEATH.

(Place of Death.) No. Bald City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret T. Baker

{Residence, if in Baltimore, Give Street and Number.} 17 W. Franklin St

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 1st 1863

AGE: 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: William R. Tinney

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Margery A. Peters

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. H. Eskew MD

(Address) City Hospital

Filed 1/14 1908 [illegible] CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 13 1908

I HEREBY CERTIFY, That I attended deceased from Dec 24 1907 to Jan 13 1908

that I last saw h[illegible] alive on Jan 13 1908

and that death occurred, on the date stated above, at 12.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Groin

(DURATION) DAYS

Con'tributory (Primary.) Hemorrhage of

Exhaustion (DURATION) 1 hr DAYS

(Signed) N. H. Eskew M.D.

Address Bald City Hospital

Date Jan 13 1908

Place of Burial Greenmount Cem.

Date January 15th 1908

Undertaker Henry H. Jenkins and Bond Co

Address 300 N. Madison St

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C8478

CERTIFICATE OF DEATH. 79

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary ~~Popp~~ Lawo

{Residence, if in Baltimore, Give Street and Number.} 16 Belair Ave Lawo

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 10 1880

AGE: 27 years, 10 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Stephen John Popp

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Johanna K. Gr. Marsch

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert L. Plantholt

(Address) 1238 Central Ave

Filed 1/15" 1908 HARRY C. ARDEES, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 13, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 6 1908 to Jan. 13 1908 that I last saw h-er alive on Jan 13 1908, and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

(DURATION) ? DAYS

Contributory (Primary.) Mitral Insufficiency

(DURATION) DAYS

(Signed) Eugene L. Pinaggi M.D.

Address St Joseph's Hosp.

Date January 13, 1908

Place of Burial St Agatha's Home

Date Jan 15 1908

Undertaker J. Spiess Sons

Address 754 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C8479

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Hamilton

{ Residence, if in Baltimore, Give Street and Number. } 530 Calvin ct.

C8479

Duration of Residence in Baltimore..

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH .....

AGE 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Flemming Hamilton

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Sarah goods

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matilda Jackson

(Address) Middle River

Filed 1/15 1908 HARRY C. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 10 1908

I HEREBY CERTIFY, That I attended deceased from Consumption Cancer 190 to 190

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock from burning both legs Cornadoff by R.R. train

(DURATION) 3 hrs DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. H. Stapleton M.D.

Address 216 N. Caroline st

Date Jan. 13. 1908.

Place of Burial Asbury

Date Jan 15 1908

Undertaker R. F. Eddlitt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1220 E Preston St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Richard L W. Simmons

{Residence, if in Baltimore, Give Street and Number.} 1220 E Preston st

Duration of Residence in Baltimore. Lifetime

C 8480

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	March 2nd 1845
AGE	62 years, 10 months, 11 days
~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Richard Simmons
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Catherine Kane
BIRTHPLACE OF MOTHER (State or country)	York Pa
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ellen Simmons

(Address) 1220 E Preston st

Filed 1/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Jan 13 1908 that I last saw h alive on Jan 13 1908, and that death occurred, on the date stated above, at 5.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Cardiac Valvular involvement (DURATION) DAYS

(Signed) J. Thomas Tilson M.D.

Address 1805 N Charles

Date 190

Place of Burial Loudon Park Cemetery

Date January 16th 1908

Undertaker George Schilling & Son

Address 1126 E Monument st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1924 N. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Naomi Wideman Pierpont

{Residence, if in Baltimore, Give Street and Number.} 1924 N Lexington St.

Duration of Residence in Baltimore. 79 yrs

C 8481

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 8rd 1829

AGE: 79 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Samuel Widerman

BIRTHPLACE OF FATHER (State or country): Balto Md ~~Giles~~

MAIDEN NAME OF MOTHER: Betsy Giles

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Stewart

(Address) 1924 N Lexington

Filed 1/15 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 14 1908

I HEREBY CERTIFY, That I attended deceased from Dec 11 1908 to Jan 14 1908 that I last saw h-r alive on Jan 14 1908 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Disease of Heart

6 mos (DURATION) DAYS

Con'tributory (Primary.) Asthenia

1 Mo (DURATION) DAYS

(Signed) F. L. Norwood M.D.

Address 909 N Fayette St

Date Jan 14 1908

Place of Burial Loudon Park

Date Jan 17 1908

Undertaker Geo J Smith Co

Address 1000 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8482

City of Baltimore, (No. 1111, W. Lanvale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles S. Getz.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 21st 1822 (Month) (Day) (Year)

AGE: 85 years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Lancaster, Pa.

FULL NAME OF FATHER: John Getz

BIRTHPLACE OF FATHER (State or country): Lancaster, Pa

MAIDEN NAME OF MOTHER: Eleanor Hoffnagle

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Artist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Getz, M.D.

(Address) 1111 W. Lanvale St

Filed 1/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 15th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 15th 1907 to Jan. 15th 1908 that I last saw him alive on Jan. 15th 1908, and that death occurred, on the date stated above, at 2.40 a. m. The CAUSE OF DEATH was as follows:

A General Break down of the system following a Fall down a flight of steps

(DURATION) 61 DAYS

Contributory Influenza

(DURATION) 3 DAYS

(Signed) Charles Getz M. D.

Jan 15th 1908 (Address) 1111 W. Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Druid Ridge

DATE OF BURIAL: Jan 17 1908

UNDERTAKER: Geo O Donath

ADDRESS: 1075 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

64

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8453

City of Baltimore, (No. 1033 N. Fulton Ave. 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis G. Sparrow

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug (Month) 8th (Day) 1828 (Year)

AGE: 79 years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: John Sparrow

BIRTHPLACE OF FATHER (State or country): Calvert Co. Md

MAIDEN NAME OF MOTHER: Annie Griffith

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry V. Cole

(Address) 1083 N. Fulton Ave

Filed 1/15 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 13 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1907 to date of death

that I last saw him alive on January 13 1908,

and that death occurred, on the date stated above, at 5- a. m. The CAUSE OF DEATH was as follows:

Apoplexy (Cerebral)

(DURATION) DAYS

Contributory Arthritis

(DURATION) DAYS

(Signed) A. L. Dawes M. D.

January 13 1908 (Address) 900 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Orchard Grove Calvert Co Md

DATE OF BURIAL: Jan 17 1908

UNDERTAKER: Geo J Smith & Co

ADDRESS: 1005 N Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

CERTIFICATE OF DEATH.

C 8484

Registered No. B

City of Baltimore, (No. 2 N Monroe St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine A Buckingham

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH April (Month) 5 (Day) 1831 (Year)

AGE 76 years, 9 months, 9 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Frederick Co Md

FULL NAME OF FATHER Poole

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Stevens

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Albertus Mercer

(Address) 2 N Monroe St

Filed 1/15 1908

HARRY C. ADKINS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 4 1908 to Jan 14 1908 that I last saw h-r alive on Jan 14 1908, and that death occurred, on the date stated above, at 8.45 P M. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) DAYS

Contributory Cardiac Exhaustion

(DURATION) DAYS

(Signed) Joseph H Barnes M. D.

1-14 1908 (Address) 1401 N Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? 9

PLACE OF BURIAL OR REMOVAL London Park

DATE OF BURIAL Jan 1908

UNDERTAKER J B Cook

ADDRESS 1003 N Bulto

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 8485

City of Baltimore, (No. 107 N Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna J. Matthews

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct (Month) 21 (Day) 1848 (Year)

AGE: 59 years, 2 months, 23 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto County, Md

FULL NAME OF FATHER: Joel Matthews

BIRTHPLACE OF FATHER (State or country): Baltimore Co. Md

MAIDEN NAME OF MOTHER: Sophia Hibbard

BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md

OCCUPATION OF DECEASED: Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Matthews (Sister)

(Address) 107 - N Carey St

Filed 1/15 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 13th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 1st 1908 to Jany 13th 1908

that I last saw her alive on Jany 13th 1908,

and that death occurred, on the date stated above, at 5.45 P.M. The CAUSE OF DEATH was as follows:

"Heart Failure"

from Fatty heart

(DURATION) 18 Mos

Contributory Fatty heart

(DURATION) 18 Mos

(Signed) Addison C. Fox M.D.

Jan 1908 (Address) 313 N Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Sparks Balto Co Md

DATE OF BURIAL: Jan 16 1908

UNDERTAKER: Jos B Cook

ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 8486 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Aquilla Christopher

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 14 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 18 1907 to Jan 14 1908

that I last saw h~~im~~ alive on Jan 14 1908,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Senility

..... (DURATION) ..... DAYS

(Signed) Robt L Bay M.D.

Address Bay View

Date Jan. 14 1908

Place of Burial Mt Carmel Cem

Date Jan. 16 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 217 Knox Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christina Wesh or Weily.

{Residence, if in Baltimore, Give Street and Number.} 217 Knox Alley

Duration of Residence in Baltimore. 20 years C8487

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: —— 1 ——

AGE: 40 years, —— months, —— days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Henry Haskel

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Anna Guntrum

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Wesh

(Address) 217 Knox alley

Filed 1/15 190 8

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany. 13th. 1908

I HEREBY CERTIFY, That I attended deceased from Jany 9 1908 to Jany 13th 1908

that I last saw h[illegible] alive on Jany 13th 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 5 DAYS

Con'ributory (Primary.) Cardiac Asthenia

(DURATION) 1 DAY

(Signed) Henry C. Okee M.D.

Address 1703 N. Fayette St

Date Jany 13 1908

Place of Burial Loudon Park

Date Jan 16/08. 190

Undertaker Wm Cook

Address 502 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 8488

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie Lockman

{Residence, if in Baltimore, Give Street and Number.} 1614 Pressbury St

Duration of Residence in Baltimore. 7 C 8488

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH January 10th 1876

AGE 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Charles Lockman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Jane Dorsey

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jane Lockman

(Address) 1614 Pressbury St.

Filed 1/15 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 13 1908

I HEREBY CERTIFY, That I attended deceased from Dec 31 1907 to Jan 13 1908 that I last saw h[illegible] alive on Jan 13 1908 and that death occurred, on the date stated above, at 2 P M. CAUSE OF DEATH (Secondary or Immediate)

Aortic & Mitral insufficiency

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hosp

Date Jan 13 1908

Place of Burial Western Star Cemetery, Catonsville

Date January 15th 1908

Undertaker Charles H Burkett

Address 502 Bloom St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 8489 Registered

CERTIFICATE OF DEATH.

19

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Milhiser

{ Residence, if in Baltimore, Give Street and Number. } 312 N Caroline St

Duration of Residence in Baltimore. Life C 8489

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 17 1860

AGE 47 years, 10 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Saml Milhiser

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Ella Blum

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Milhiser

(Address) 2332 Barclay St

Filed 1/15 1908 HARRY C. ARDINGER Registrar

FARMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 14 1908

I HEREBY CERTIFY, That I attended deceased from Dec 14 1907 to Jan 14 1908

that I last saw him alive on Jan 14 1908, 3:20 P.M.

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis (mitral and aortic insufficiency);

Hemiplegia

(DURATION) DAYS

Contributory (Primary.) Broncho-pneumonia (DURATION) DAYS

(Signed) P. S. Hodgkin M.D.

Address Johns Hopkins Hosp

Date Jan 15 1908

Place of Burial Fells Point (Hebrew Cemetery)

Date Jan 16 1908

Undertaker Jacob Ahrens & Co

Address 754 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12

C 8490

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asylum St. 151

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Louise J. Gray

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH December 15 1907

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy

(Address)

Filed Jan 15 1908

HARRY C. ANDRESS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 14 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

Signed Patrick J Martin M.D.

Address .....

Date Jan 15 1908

Place of Burial New Cathedral

Date January 16 1908

Undertaker Martin Bailey & Sons

Address 666 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Vincents Inf. Asy. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Courtney

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C8491

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH Sept 6. 1908

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infy

(Address)

Filed 1/15 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 14 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) R D Harlan M.D.

Address .....

Date Jan 16 1908

Place of Burial Mt Vernon Cathedral

Date January 16 1908

Undertaker Martin Gahy & Sons

Address .....

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Westcott

{ Residence, if in Baltimore, Give Street and Number. }

C8492

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX M	COLOR W
DATE OF BIRTH Sept. 30 1907	
AGE ..... years, 3 months, 15 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Vincents Inf. Asylum.

(Address)

Filed 1/15 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 13 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) P. J. Martin M.D.

Address .....

Date Jan - 14 1908

Place of Burial New Cathedral

Date January 16 1908

Undertaker Martin Gahagan & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 835 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas C Dudrow

{ Residence, if in Baltimore, Give Street and Number. } 835 n Wolfe C8493

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 8" 1849

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Frederick Md

FULL NAME OF FATHER: Geo Dudrow

BIRTHPLACE OF FATHER (State or country): Frederick

MAIDEN NAME OF MOTHER: Margaret Tormell

BIRTHPLACE OF MOTHER (State or country): Bunker Hill Va

OCCUPATION OF DECEASED: Police Officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Dudrow

(Address) 835 N Wolfe st

Filed 1/16 1908 HENRY C. ANDREWS, PUBLIC CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan — 13th 1908

I HEREBY CERTIFY, That I attended deceased from Dec — 1907 to Jan 13 1908

that I last saw h.. alive on Jan 13 1908,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart Disease & Congestion lungs — Immediate

..... (DURATION) ..... DAYS

Contributory (Primary.) Rheumatism

..... (DURATION) ..... DAYS

(Signed) Albertus Calhoun M.D.

Address 1828 E. Balto

Date Jan — 13th 1908

Place of Burial London Park

Date Jan 16" 1908

Undertaker Geo M. Sinks

Address 811 N Wolfe st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 8494 Registered

CERTIFICATE OF DEATH.

90

(Place of Death.) No. #537 N. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaretha Griessman

{ Residence, if in Baltimore, Give Street and Number. } 537 N. Luzerne St.

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 22nd 1830

AGE: 77 years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Griessman

(Address) 537 N. Luzerne St

Filed 1/15 1908 HENRY O. ANDREWS, Parish Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 13th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to ——— 190

that I last saw h— alive on Jan 13, 1908,

and that death occurred, on the date stated above, at 2 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

(DURATION) 7 DAYS

Contributory (Primary.) Gen. Debility—

(DURATION) DAYS

(Signed) E. B. Britton M.D.

Address 1711 E Balto St

Date Jan. 14th 1908

Place of Burial Balto Cem.

Date 1/15/08 190

Undertaker J. Henry & Son

Address 1708 Orleans St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 110 N. Green St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name May P. Fitzgerald

{ Residence, if in Baltimore, Give Street and Number. } 110 N. Green St

Duration of Residence in Baltimore. Life

C 8495

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 12 - 28 - 1884

AGE 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER George Fitzgerald

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Kernan

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. D. B. Pettiman

(Address) 110 N Greene St

Filed 1/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13th 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to Jan 13th 1908 that I last saw h alive on Jan 12 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis
et asthenia

(DURATION) 6 Months

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date Jan 14th 1908

Place of Burial New Cathedral

Date Jan 16 1908

Undertaker John F. Fahey

Address 1232 William

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 8496 Reg...

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1409 Eutaw Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary H Pike

{Residence, if in Baltimore, Give Street and Number.} 1409 Eutaw Place C 8496

Duration of Residence in Baltimore. about 4 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH Nov 30th 1824

AGE 83 years, 1 months, 16 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Eastport Maine

FULL NAME OF FATHER Eliza D Green

BIRTHPLACE OF FATHER (State or country) Maine

MAIDEN NAME OF MOTHER Hannah C Hayden

BIRTHPLACE OF MOTHER (State or country) Eastport Maine

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Tordesillas

(Address) 1409 Eutaw Place

Filed 1/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15 1908

I HEREBY CERTIFY, That I attended deceased from Sept 9 1907 to Jan 15 1908 that I last saw h-r alive on Jan 14 1907 and that death occurred, on the date stated above, at 12:45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-Sclerosis.

years (DURATION) ~~DAYS~~

Contributory (Primary) ~~Albumen~~ Bright's

4 months (DURATION) ~~DAYS~~

(Signed) James C. Clarke M.D.

Address 1201 Madison Ave

Date Jan 15 1908

Place of Burial Calais Maine

Date Jany 18th 1908

Undertaker Stewart & Morrow Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

Registered No. B C 8497

City of Baltimore, (No. 1912, N Payson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eliza Jane Modlin

PERSONAL AND STATISTICAL PARTICULARS

SEX Fl. COLOR W

DATE OF BIRTH Feb. (Month) 4 (Day) 1831 (Year)

AGE 76 years, 11 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER James Demastus

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) not known

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Geo Mullen

(Address) 1912 N. Payson

Filed 1/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 13 1908 that I last saw h-r alive on Jan 13 1908, and that death occurred, on the date stated above, at 11.45 P. M. The CAUSE OF DEATH was as follows:

Intermural La Grippe

(DURATION) 8 DAYS

Contributory Chronic Interstitial Nephritis (DURATION) 4 years DAYS

(Signed) J. Pollard Lakane M. D.

Jan 14 1908 (Address) 1208 N Howard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan. 16 1908
UNDERTAKER	**ADDRESS**
F A Krause & Bro	703 Howard

WM. J. C. DULANY CO., BALTIMORE.

Ward 9 C 8498 Registered No.

42

CERTIFICATE OF DEATH. C 8498

(Place of Death.) No. 1427. N. Dakes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna M Schroeffer

{ Residence, if in Baltimore, Give Street and Number. } 1427. N Dakes

Duration of Residence in Baltimore. 40—

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 13 1859

AGE 48 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER H. Kerzfeld

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A M Schroeffer

(Address) 1426 N. Dakes

Filed 1/15 1908 HENRY O. ANDREWS, REGISTRAR PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 13 1908

I HEREBY CERTIFY, That I attended deceased from July 10th 1907 to Jan 13th 1908

that I last saw h[illegible] alive on Jan 13 1908,

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Uteri

(DURATION) 5 mos DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) O O Stover M.D.

Address 1801 E Eager St

Date January 14th 1908

Place of Burial Dallsdale

Date January 15 1908

Undertaker Ruff Funeral

Address 1442 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Feldman

Ward ...

CERTIFICATE OF DEATH.

(Place of Death.) No. 823 - Stockholm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charley Taylor

{ Residence, if in Baltimore, Give Street and Number. } 823. Stockholm

C 8499

Duration of Residence in Baltimore. ...

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colard

DATE OF BIRTH ... 1 ...

AGE 36 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jas Thos Taylor

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Hanna Easton

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hanna Easton

(Address) 823 Stockholm St

Filed 1/15 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan - 12th 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Tumor Lip

Carcinoma 2 y

(DURATION) 2 Yrs

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Thos L Jones Coroner M.D.

Address ...

Date Jan 15 1908

Place of Burial Mt Auburn cemetery

Date Jan 15 1908

Undertaker John H Jandrin

Address 1142 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4

CERTIFICATE OF DEATH.

(Place of Death.) No. 1010 S. Fremont St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Daisy Ball

C 8500

Residence, if in Baltimore, Give Street and Number. As above

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Bal

FULL NAME OF FATHER: John Hutt

BIRTHPLACE OF FATHER (State or country): Bal

MAIDEN NAME OF MOTHER: Henrietta Hicks

BIRTHPLACE OF MOTHER (State or country): Bal

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lenrilla Hutt

(Address) 1010 S Fremont st

Filed 1/15 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 12th /08 190

I HEREBY CERTIFY, That I attended deceased from Jany. 10 1908 to Jany 12th 1908 that I last saw her alive on Jany12 /08 1908, and that death occurred, on the date stated above, at 4:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculsis

8 mos. (DURATION) DAYS

Con'tributory (Primary) Cardiac failure

(DURATION) 4 DAYS

(Signed) E L Ellis M.D.

Address 015 Light St

Date Jany 14th /08 190

Place of Burial Mt auburn cemty

Date Jan 15- 1908

Undertaker John H Jordan

Address 142 W Hill st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward .....

114

CERTIFICATE OF DEATH.

(Place of Death.) No. Md University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Morris

{Residence, if in Baltimore, Give Street and Number.} 828 Pierce St- C8501

Duration of Residence in Baltimore. 5 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 19 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: dont no

BIRTHPLACE OF FATHER (State or country): dont no

MAIDEN NAME OF MOTHER: dont no

BIRTHPLACE OF MOTHER (State or country): dont no

OCCUPATION OF DECEASED: Servent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Blanch Rake

(Address) 834 Rabarg St

Filed 1/15 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1-13 1908

I HEREBY CERTIFY, That I attended deceased from 12-27 1907 to 1-13 1908

that I last saw h[illegible] alive on 1-13 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

3 hrs. (DURATION) ..... DAYS

Con'ributory (Primary) Catarrhal Jaundice from 2-5 weeks Acute Dilatation of Stomach (DURATION) 5 DAYS

(Signed) G. N. Billups M.D.

Address University Hospital

Date 1-14 1908

Place of Burial Mt auburn cemty

Date Jan 15 1908

Undertaker John A Faudrin

Address 142 W Hill St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours* after the burial, a certificate setting forth, as far as the same can be ascertained, the Undertaker, or other person superintending the burial, a certificate deceased, and the *cause, full name, sex, age, condition* (whether married or single) of the person

Ward 18 C 8502 Registered No. B.....

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 1026 W. Lexington St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Alice Dunkins

{Residence, if in Baltimore, Give Street and Number.} 1026 W. Lexington St

Duration of Residence in Baltimore Thirty Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Dont Know

AGE 38 yrs

.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Fredrick Co. Md

FULL NAME OF FATHER Jent Wright

BIRTHPLACE OF FATHER (State or country) Fredrick Co Md

MAIDEN NAME OF MOTHER Jenie Hopkins

BIRTHPLACE OF MOTHER (State or country) Howard Co Md

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Lyons

(Address) 329 S. Eden St.

Filed 1/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 29 1907 to Jan 12 1908 that I last saw h w alive on Jan 12th 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Failure of Compensation of Heart, Passive Dropsy of Limb, Abdomen about 3 mo. (DURATION) 5 DAYS

Contributory (Primary.) Mitral Stenosis One yr 1/2. (DURATION) DAYS

(Signed) H. F. Brown M.D.

Address 1364 N. Calhoun st

Date Jan 15th 1908

Place of Burial Mt Auburn Cemetery

Date Jan 15 1908

Undertaker John H Jenkins

Address 1642 W Hill St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C 8503 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Mo Chas Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Signad Kolbabek

{ Residence, if in Baltimore, Give Street and Number. } 938 E Chesapeake St.

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: X

BIRTHPLACE OF FATHER (State or country): X

MAIDEN NAME OF MOTHER: X

BIRTHPLACE OF MOTHER (State or country): X

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Novotny

(Address) 208 Shriver St

Filed 1/15 1908 HENRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan — 14 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Jan 14 1908

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Punctured lung due to fractured rib. Fall

(DURATION) ..... DAYS

Contributory (Primary.) Accident

(DURATION) ..... DAYS

(Signed) P J Madden M.D.

Address .....

Date Jan 15 1908

Place of Burial Holy Redeemer

Date Jan 17 1908

Undertaker Frank Grack

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8504 C 8504 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 895 Boyd St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nelton Watson

{ Residence, if in Baltimore, Give Street and Number. } 895 Boyd St C 8504

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: C

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing'l

BIRTHPLACE (State or country): B.

FULL NAME OF FATHER: Charles Watson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Newman

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Groc

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H Hoppe

(Address) 609 Litte Pacas

Filed 1/15 1908 HENRY C. ARDREY, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) 7 DAYS

(Signed) Patrick F Morrissey M.D.
Coroner

Address

Date Jan 14 1908

Place of Burial Int Auburn cemetery

Date January 16 1908

Undertaker Geo H Hoppe

Address 609 Litte Pacas

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 805 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Downes

{Residence, if in Baltimore, Give Street and Number.} 805 Druid Hill Ave

C8505

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, — months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Edward Downes

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary E Thomas

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Thomas

(Address) 806 Druid Hill Ave

Filed 1/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 12 th 1908

I HEREBY CERTIFY, That I attended deceased from ....1908.... to ....1908....

that I last saw h.... alive on ....1908....

and that death occurred, on the date stated above, at....

....11. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) .... DAYS

Contributory (Primary.)

(DURATION) .... DAYS

(Signed) Wm. H. Mackenzie M.D.

Address 704 Eng. Av. (County)

Date Jan 14 th 1908

Place of Burial Laurel Cemetery

Date Jan 14 1907

Undertaker R. C. Hillcoat

Address 506 Ranger St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip R. Welsh St.

{Residence, if in Baltimore, Give Street and Number.} Waynesboro Pa

Duration of Residence in Baltimore. 2 days

C.8506

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 64 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Jacob R. Welsh

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Margaret Riley

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: Dentist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Ruth Bender

(Address) Waynesboro Pa.

Filed 1/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 14 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190.....

that I last saw h— alive on — 190—

and that death occurred, on the date stated above, at 2-45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Contusion of Abdomen

Street Ry. Accident

Contributory (Primary.) Shock (DURATION) 1 DAYS

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N. Caroline St

Date Jan. 15 1908

Place of Burial Waynesboro Pa

Date Jany 16 in Franklin Co 1908

Undertaker Hawkins Bros Co

Address 300 No. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8507

CERTIFICATE OF DEATH.

118

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Anderson

{Residence, if in Baltimore, Give Street and Number.} Brookville Md. C8507

Duration of Residence in Baltimore. do

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1872

AGE: 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. W. Bowen

(Address) Md. General Hospital

Filed 1/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 15 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to Jan 15 1908

that I last saw him alive on Jan 13 1908

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

Twelve hours (DURATION) — DAYS

Contributory (Primary.) Appendicitis

(DURATION) 8 DAYS

(Signed) W. W. Bowen M.D.

Address Md. Gen. Hosp.

Date Jan. 15 1908

Place of Burial Ellicott City Howard Co

Date Jan. 15th 1908

Undertaker Wm. H. Gauthrop

Address 5 North & Linden Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C 8508

Registered No. B

90

CERTIFICATE OF DEATH.

(Place of Death.) No. 120 W. Hill Street

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alfred Kane

{Residence, if in Baltimore, Give Street and Number.} 120 W. Hill Street

Duration of Residence in Baltimore: Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: 18[illegible]2

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): ... ...

MAIDEN NAME OF MOTHER: " ..

BIRTHPLACE OF MOTHER (State or country): ... ...

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Kane

(Address) 120. W. Hill

Filed 1/15 1908

HARRY C. ANDREAS, PARTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 13th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 7 1908 to Jan 13 1908 that I last saw him alive on Jan 13 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 8 DAYS

Con'tributory (Primary.) Heart Failure

(DURATION) 8 DAYS

(Signed) A. N. Force M.D.

Address 712 S. Chapel St

Date Jan 15th 1908

Place of Burial Laurel Cem

Date January 16 1908

Undertaker Thos F. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19 C 8509

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 552, St.; 13 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant M. Harry C Miles & Estella Miles

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Jan (Month) 14 (Day) 1908 (Year)	
AGE: — years, — months, one (1) days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child	
BIRTHPLACE (State or country): Balto. Md	
FULL NAME OF FATHER: Harry C. Miles	
BIRTHPLACE OF FATHER (State or country): Maryland	
MAIDEN NAME OF MOTHER: Estella Miles	
BIRTHPLACE OF MOTHER (State or country): Maryland	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry C. Miles

(Address) 552 Guarnyave

Filed 1/15 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... Jan 15th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 14 1908 to Jan 15 1908 that I last saw h[illegible] alive on Jan 14 1908, and that death occurred, on the date stated above, at 7 a.m. The CAUSE OF DEATH was as follows:

Malignant disease of Heart

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) D W Smith M. D.

Jan 15 1908 (Address) 926 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Carroll Co. Md Finksburg Cemetery

DATE OF BURIAL: Jan 16 1908

UNDERTAKER: Horace Burgan

ADDRESS: 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 C 8510 Registered No. B

CERTIFICATE OF DEATH.

95

(Place of Death.) No. 1602 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Mary Pizzyfyo

{ Residence, if in Baltimore, Give Street and Number. } 1602 Canton Ave

Duration of Residence in Baltimore. 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 43 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER John Pikachowski.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Susie Wyszynska.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Pizzyfyo.

(Address) 1602 Canton Ave

Filed 1/15 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 13th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 12th 1908 to Jan. 13th 1908

that I last saw h-e alive on Jan. 13th 1908.

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Failure

four hours (DURATION) DAYS

Contributory (Primary) Oedema of Lungs

one day (DURATION) DAYS

(Signed) Fred'k A. Conrad M.D.

Address 2421 E. Baltimore St.

Date Jan. 15th 1908

Place of Burial St. Stanislaus.

Date JAN 16 1908 190

Undertaker M. J. SADOWSKI

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 8511 Registered No. B C 8511

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 835 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Jurek

{Residence, if in Baltimore, Give Street and Number.} 835 S. Bond

Duration of Residence in Baltimore. 36 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 87 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Michael Jurek.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Katie Orzechowska.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Later.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Jurek.

(Address) 835 S. Bond St

Filed 1/16 — 07 HARRY C. ARMIGER, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 14 — 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw him alive on — 190

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Old Age

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 N Greene St.

Date 190

Place of Burial St. Stanislaus.

Date Friday January 17th 1907

Undertaker M. J. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C8512

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 1704 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph a Rohonicz

{ Residence, if in Baltimore, Give Street and Number. } 1704 Eastern Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 | COLOR W

DATE OF BIRTH Jan 14 1904

AGE 1 yr years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Joseph Rohonicz

BIRTHPLACE OF FATHER (State or country) Polan

MAIDEN NAME OF MOTHER Alexander

BIRTHPLACE OF MOTHER (State or country) Polan

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Rohonicz

(Address) 1704 Eastern ave

Filed 1/15 1908 HARRY O. ARMS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16 1908

I HEREBY CERTIFY, That I attended deceased from Jan 14 1908 to Jan 17 1908

that I last saw her alive on Jan 17 1908

and that death occurred, on the date stated above, at .....

A. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

(7 mos)

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. J. Valentine M.D.

Address 16 Gorsuch

Date Jan 18 1908

Place of Burial Holy Rosary

Date Jan 16 1908

Undertaker Joseph Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

C 8513

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 W. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth Cooke

{ Residence, if in Baltimore, Give Street and Number. } 214 N. Gilmor St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 14 1905

AGE: 3 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: William R. Cooke

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Priscilla Ashley

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William R. Cooke

(Address) 214 N. Gilmor St

Filed 1/15 1908

[illegible] ANDREWS Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 14, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1907 to Jan. 14, 1908 that I last saw h[illegible] alive on Jan. 14, 1908, and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 21 DAYS

Contributory (Primary.) Grip

(DURATION) DAYS

(Signed) I. S. Tumpkins M.D.

Address 653 Columbia Ave.

Date Jan 16, 1908

Place of Burial LOUDON PARK

Date JAN 16 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH. C 8514

(Place of Death.) No. 2217 Hunter Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J Annie Thomas.

{Residence, if in Baltimore, Give Street and Number.} Same

C 8514

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Mulatto

DATE OF BIRTH: 1

AGE: ....years, ...months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Thomas

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Markey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Markey

(Address) 2217 Hunter Alley

Filed 1/15 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1908

I HEREBY CERTIFY, That I attended deceased from ....1908.... to ....1908....

that I last saw h.... alive on ....1908....

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

....(DURATION).... DAYS

Contributory (Primary.)

....(DURATION).... DAYS

(Signed) Chas L Luttmann M.D.

Address 1812 N. Chas.

Date Jan 15 1908

Place of Burial Laurel Cemetery

Date Jan 15 1908

Undertaker J R Stallitt

Address 506 Robert St

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 8515 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Regina Goldsmith

{Residence, if in Baltimore, Give Street and Number.} 1433 Mt. Royal Ave. C 8515

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 9th 1836

AGE 71 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bavaria Germany

FULL NAME OF FATHER Jacob Lauchheimer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Regina Lauchheimer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Jacob L. Goldsmith

(Address) 2116 Bolton St

Filed 1/15 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 13, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 12 1908 to Jan 13 1908 that I last saw h-r alive on Jan 13 1908, and that death occurred, on the date stated above, at 3.10 P M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia.

(Operation for suppurating ovarian cyst - but not performed)

(DURATION) 2 DAYS

Contributory (Primary.) Anuria Glomerulo nephritis Laboratory (DURATION) DAYS

(Signed) Benjamin Wolff, Jr. M.D.

Address Union Protestant Infirmary

Date Jan 13 1908

Place of Burial Hebrew Friendship Cem Baltimore Co

Date Jan 16 1908

Undertaker J. Thiemeyer

Address 754 N Eutaw St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15

CERTIFICATE OF DEATH.

95

(Place of Death.) No. 1524 Friendsbury Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Steddiug

{Residence, if in Baltimore, Give Street and Number.} 1524 Friendsbury Place

Duration of Residence in Baltimore. Whole life

C 8516

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH December 30 1907

AGE ..... years, ... months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Owen G. Steddiug.

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mamie Neal

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Owen G. Steddiug

(Address) 1524 Friendsbury Place

Filed 1/15 1908

HARRY C. ANDRESS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15" 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15" 1908 to Jan 15 1908 dead when I arrived ~~that I last saw h alive on~~ 190 ,

and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary) Congestion of Lungs.

(DURATION) DAYS

(Signed) H. E. Bobb M.D.

Address 305 W. North Ave

Date Jan 15" 1908

Place of Burial London Park

Date Jany 16th 1908

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8517 Registered No. B C 8517

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 811 Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Shaw

{Residence, if in Baltimore, Give Street and Number.} 811 Franklin St

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Unknown 1846

AGE: 61 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Frank Shaw

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Hughes

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Bonepolisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Shaw

(Address) 811 Franklin St

Filed 1/15 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to Jan 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Contributory (Primary.) (DURATION) DAYS

(Signed) M.D.

Address

Date Jan 15 1908

Place of Burial New Cathedral

Date Jany 17th 1908

Undertaker E. H. Fahey & Sons

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C8518

CERTIFICATE OF DEATH.

(Place of Death.) No. Bath City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna Williams

{Residence, if in Baltimore, Give Street and Number.} 530 Monroe St

Duration of Residence in Baltimore. 10 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Feb 14 1907

AGE: 10 mos. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Williams

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eva Hanna

BIRTHPLACE OF MOTHER (State or country): Ohio

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. M. Neri

(Address) City Hospital

Filed 1/15 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28 1907 to Jan 15 1908 that I last saw her alive on Jan 15 1908, and that death occurred, on the date stated above, at 11:50 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Measles

+ Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Bath City Hosp.

Date Jan 15 1908

Place of Burial St Peters

Date Jany 16 1908

Undertaker M Doyle & Son

Address 1762 Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 8519 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1304 Hanford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Lutz

{Residence, if in Baltimore, Give Street and Number.} 1304 Hanford ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 4 1886

AGE 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John B Lutz

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Anna Kummel

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B Lutz

(Address) 1304 Hanford ave

Filed 1/16 1908

HARRY G. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 14 1908

I HEREBY CERTIFY, That I attended deceased from January 5 1908 to January 14 1908 that I last saw her alive on January 13 1908, and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 2 Months

(Signed) N. C. Knapp, M.D.

Address 1714 E. Preston St.

Date January 15 1908

Place of Burial Bath Cemetery

Date January 16 1908

Undertaker Robt J Turner

Address 1542 N. Gay

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., Baltimore.

Ward 9 C 8520 Registered No. B.....

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1402 N. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James N. Safford

{ Residence, if in Baltimore, Give Street and Number. } 1402 N. Bethel St

Duration of Residence in Baltimore. 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: age 11 1873

AGE: 37 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country): Westminster Md

FULL NAME OF FATHER: Edw. Safford.

BIRTHPLACE OF FATHER (State or country): Salisbury Md.

MAIDEN NAME OF MOTHER: Stephanetta

BIRTHPLACE OF MOTHER (State or country): Del —

OCCUPATION OF DECEASED: Detective

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephanetta Safford

(Address) 1402 N. Bethel St

Filed 1/16 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 15 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to Jan 15 1908 that I last saw h.. alive on Jan 15 1908, and that death occurred, on the date stated above, at a.m.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

(DURATION) 2 DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) 1 yr DAYS

(Signed) M. L. Gould M.D.

Address 1202 E. Monument St.

Date Jan 15 1908

Place of Burial Talbot Co Salisbury Md

Date Jany 16 1908

Undertaker Robt J Turner

Address 1442 N. Gay,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

C 8524 Registered

100

CERTIFICATE OF DEATH.

(Place of Death.) No. 813 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fanny Frank

{ Residence, if in Baltimore, Give Street and Number. } 813. N. Caroline St

Duration of Residence in Baltimore. 62 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 1st 1825

AGE: 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Samuel Bustanus

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ray Rose

(Address) 813 N. Caroline St

Filed 1/16 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 14th 1908

I HEREBY CERTIFY, That I attended deceased from July 13th 1907 to Jany 14th 1908

that I last saw h[illegible] alive on July 13th 1908

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Intestinal Catarrh

(DURATION) 6 mos

Con'tributory (Primary.)

(DURATION) Days

(Signed) D. Stoner M.D.

Address 1801 Eaton St

Date Jany 15th 1908

Place of Burial Hebrew Friendship

Date Jan 16th 1908

Undertaker Jacob Thrun & Co

Address Gay near Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

114

C 8522

C 8522

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 901 N. Fulton ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Flack

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: July (Month) 1 (Day) 1837 (Year)

AGE: 70 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md. =

FULL NAME OF FATHER: Wm. Baker

BIRTHPLACE OF FATHER (State or country): Md =

MAIDEN NAME OF MOTHER: Susan Baker

BIRTHPLACE OF MOTHER (State or country): Md =

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mamie E. Day

(Address) 901 N. Fulton ave

Filed 1/16 1908

HARRY G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Jan 14 1908

that I last saw her alive on Jan 13 1908

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Chr. Hepatitis (& atrophy Liver
& Chr. Enteritis (diarrhea)

Past year or 18 mos (DURATION) DAYS

Contributory Acute Bronchitis - passing into Chr. form (DURATION) 9 days

(Signed) R. W. Mifflin M. D.

July 15 1908 (Address) 1916 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Green Mound — DATE OF BURIAL: Jany 17 1908

UNDERTAKER: E. W. Mitchell — ADDRESS: 1201 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8523

City of Baltimore, (No. 1706 W Lanvale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert Nicolassen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January (Month) 15 (Day) 1829 (Year)

AGE: 78 years, 11 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Geo. F.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. F. Nicolassen

(Address) Clarksville Tenn.

Filed 1/16 1908

HARRY G. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 15 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 4 1908 to Jan 15 1908

that I last saw h[illegible] alive on Jan 14 1908

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Congestion of Lungs

(DURATION) 2 DAYS

Contributory Lobar Pneumonia

(DURATION) 10 DAYS

(Signed) H. M. Alexander M.

Jan. 15 1908 (Address) 431 N. Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Jany 16 1908

UNDERTAKER: E. M. Mitchell

ADDRESS: 1201 N. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C8524 Registered No. 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1127 W. Baltimore St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Clara Louise Cavanaugh

{Residence, if in Baltimore, Give Street and Number.} 1127 W. Baltimore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 2. 1876.

AGE 32 years, = months, 11. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Wm. Staib

BIRTHPLACE OF FATHER (State or country) Balto. =

MAIDEN NAME OF MOTHER Wilhelmina Dash

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Cavanaugh

(Address) 1127 W. Balto St

Filed 1/16 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 13 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 5 1908 to Jan 13 1908 that I last saw her alive on Jan. 13 1908. and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia

Bronchitis (DURATION) 7 DAYS

Contributory (Primary.) Diathesis

(DURATION) DAYS

(Signed) J. L. Bound M.D.

Address 1302 W. Lombard

Date Jan. 14 1908

Place of Burial Jany. 16 = 1908.

Date London Park Cemy. 1908

Undertaker E. W. Mitchell

Address 1201 N. Fayette St =

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

CERTIFICATE OF DEATH.

(Place of Death.) No. 1927 East Fayette St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward P. Richards

{ Residence, if in Baltimore, Give Street and Number. } 1927 E. Fayette St

Duration of Residence in Baltimore. Life Time

C8525

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Patrick Richards.

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Ann

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Electrotyper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Kate Richards

(Address) No 1929 E. Fayette St

Filed 1/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1908 190

I HEREBY CERTIFY, That I attended deceased from Dec 28 1907 to Jan 13 1908

that I last saw h in alive on Jan 13 1908,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Bright disease

Cedema

Suppression (DURATION) DAYS

Contributory (Primary) Influenza (DURATION) DAYS

(Signed) H. Baduccie M.D.

Address 1929 W. North Ave

Date Jan 14 1908 190

Place of Burial St. Patrick Cemetery

Date Jan. 17 1908

Undertaker Henry Steck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

CERTIFICATE OF DEATH.

(Place of Death.) No. Post Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Somerville

{ Residence, if in Baltimore, Give Street and Number. } #2 Railroad Ave

Duration of Residence in Baltimore. Just Died

C8526

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Mar 10 1841
AGE	66 years, 10 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Glascow Scotland
FULL NAME OF FATHER	not Known
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Somerville

(Address) 2 Railroad Ave

Filed 1/16 1908

HARRY G. ARCHER, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15-7 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Jan 15 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull and all bones of body-accidentally struck by N. C. Express on bridge (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) J. D. Gilbert Coroner M.D.

Address 211 W. Lanvale

Date Jan 15-7 1908

Place of Burial St Mary No 1

Date Jan 17 1908

Undertaker A. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8527 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 805 George St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Digga

{Residence, if in Baltimore, Give Street and Number.} 805 George St. C 8527

Duration of Residence in Baltimore. 24 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH March — 1869

AGE 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Anna Arms

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles H. Digga

(Address) 805 George St.

Filed 1/16 1908.

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 14 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 11 1908 to Jan. 14 1908 that I last saw her alive on Jan. 14 1908 and that death occurred, on the date stated above, at 7.35 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Double Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. G. Steigel M.D.

Address 901 Myrtle Ave.

Date Jan. 15 1908

Place of Burial Mt Auburn

Date Jan 17 — 1908

Undertaker R. A. Ellicott

Address 1506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8528

CERTIFICATE OF DEATH.

103

(Place of Death.) No. 512 Oxford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Pinkney.

{ Residence, if in Baltimore, Give Street and Number. } 512 Oxford St

C 8528

Duration of Residence in Baltimore. 4 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Richard Burkley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 516 Oxford St

Filed 1/16 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6th 1908 to Jan 13 1908

that I last saw h m alive on Jan 13 1908

and that death occurred, on the date stated above, at 8

M. CAUSE OF DEATH (Secondary or Immediate.)

Gastric Ulcer Duodenum

Vomiting of Asthenia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date Jan 16th 1908

Place of Burial Laurel Cemetery

Date Jan 17 1907

Undertaker R. S. Gilbert

Address 506 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH

36

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Henson

{ Residence, if in Baltimore, Give Street and Number. } Bay View

C 8529

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: Col.

DATE OF BIRTH: 1

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Peter Henson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Jane Green

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H Henson

(Address) 236 N Schroeder

Filed 1/16 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 15 1908

I HEREBY CERTIFY, That I attended deceased from Sept 14 1908 to Jan. 15 1908

that I last saw him alive on Jan. 15 1908

and that death occurred, on the date stated above, at 5.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) ..... DAYS

Con'tributory (Primary.) Hemiplegia -

Lues - (DURATION) ..... DAYS

(Signed) Robt L Bay M.D.

Address Bay View

Date Jan. 16 1908

Place of Burial Mt Auburn

Date Jan 17 1907

Undertaker R H Gilliatt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C 8530 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 609 N. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Pisinger

{ Residence, if in Baltimore, Give Street and Number. } 609 N. Madeira St

Duration of Residence in Baltimore. 24 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Wenzel Prax

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Margaret Barth

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Pisinger

(Address) 609 N. Madeira

Filed 1/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 16 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10th 1908 to Jan 16th 1908

that I last saw her alive on Jan 10th 1908,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Senility

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) O. O. Elmer M.D.

Address 1804 E. Eager St

Date Jan 18th 1908

Place of Burial Holy Redeemer

Date Jan 18 1908

Undertaker Frank Lovasch & Son

Address 1904 Ashland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 5 C 8531

CERTIFICATE OF DEATH.

27

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nannie Finches

{Residence, if in Baltimore, Give Street and Number.} 915 Low St

C8531

Duration of Residence in Baltimore. City

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 29 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. md

FULL NAME OF FATHER: Geo. Gaethen

BIRTHPLACE OF FATHER (State or country): S. C.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Taylor

(Address) 841 Druid St

Filed 1/16 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 15 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to Jan 15 1908

that I last saw her alive on Jan 15 1908,

and that death occurred, on the date stated above, at 6 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis of Lungs

(DURATION) — DAYS

Contributory (Primary.) Sylvester

(DURATION) — DAYS

(Signed) [illegible] M.D.

Address Balto City Hospital

Date Jan 15 1908

Place of Burial Dunnie Lee

Date Jan 17 1908

Undertaker R. A. Elliott

Address 506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 8502 Registered

CERTIFICATE OF DEATH.

93

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wasili Linkewicz

{ Residence, if in Baltimore, Give Street and Number. } Sparrows Point

C 8532

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1868

AGE: 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Schmitz

(Address) St Josephs Hospital

Filed 1/16 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 14 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 27 1908 to Jan. 14 1908 that I last saw h[e] alive on Jan. 14 1908, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Dilatation of heart.

(DURATION) DAYS

Contributory (Primary.) Lobar pneumonia (DURATION) DAYS

(Signed) Wm Schmitz M.D.

Address St. Joseph's Hospital

Date Jan 14 1908 190

Place of Burial St- Peters

Date Jan- 16 " 1908

Undertaker Wm M. Gauttrup

Address North & Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

C 8533

CERTIFICATE OF DEATH.

C 8533

(Place of Death.) No. 1211 W. Lmer Aly St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Sophia Branch

{Residence, if in Baltimore, Give Street and Number.} 1211 W. Lmer Aly

Duration of Residence in Baltimore. 51 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: Lula Taylor

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Edward Branch

(Address) 1211 Wilmer Alley

Filed 1/16 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15 1908

I HEREBY CERTIFY, That I attended deceased from Nov 21 1907 to Jan 15 1908 that I last saw her alive on Jan 14 1908, and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Cathaul

Pneumonia (DURATION) 8 Weeks

(Signed) John E Huck M.D.

Address 847 N Lafayette Av

Date Jan 15 1908

Place of Burial Mt Auburn Cemetery

Date Jan 17 1908

Undertaker Felix B. Pope

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 8534 Registered No. 8 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 37 N Eden St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ellen Norton

{Residence, if in Baltimore, Give Street and Number.} 37 N Eden St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	W

DATE OF BIRTH Sept 25 1842

AGE 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Singer

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Michael Norton

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Dunn

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Norton

(Address) 37, N, Eden St

Filed 1/16 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 14 1908

I HEREBY CERTIFY, That I attended deceased from Jan 12th 1908 to Jan 14 1908

that I last saw her alive on Jan 13th 1908,

and that death occurred, on the date stated above, at 12.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia from

Lobar Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) La Grippe

or Lobar Pneumonia (DURATION) ..... DAYS

(Signed) Albratus Cole M.D.

Address 1828 E. Balto St

Date Jan 14th 1908

Place of Burial New Cathedral

Date Jan 17 190

Undertaker Wm J Schaeffer

Address 600, Front, St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. C 8535

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 725 Ensor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick O'Conner

{Residence, if in Baltimore, Give Street and Number.} 725 Ensor St.

Duration of Residence in Baltimore. 41 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1867

AGE: 41 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John O'Conner

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary O'Conner

(Address) 725 E. Ensor

Filed 1/16 1908 HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 15-20 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to Jan 15 1908 that I last saw h[illegible] alive on Jan 13 1908 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

a Nephritis (Bright's)

Stomach ulcers Perf

(DURATION) ~~DAYS~~

Con'tributory (Primary.) —

(DURATION) DAYS

(Signed) J. E. Heard M.D.

Address 202 Fairmount Ave

Date January 15 1908

Place of Burial Holy Cross

Date Jan 17/908. 190

Undertaker Wm Cook

Address 702 E. Hunter Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

C 8536 Registered No. .....

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1407 Eastern Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lizzie In. Davey

{ Residence, if in Baltimore, Give Street and Number. } 1407 Eastern ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1873

AGE 35 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ind.

FULL NAME OF FATHER dont know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. Egelstein

(Address) 942 N. Balto St.

Filed 1/16 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to Jan 15 1908 that I last saw h[illegible] alive on Jan 15 1908 and that death occurred, on the date stated above, at 8:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Phthisis

..... (DURATION) ..... DAYS

(Signed) J. E Easterly M.D.

Address 111 S. Bdway

Date Jan 16th 1908

Place of Burial Holy Cross Cem

Date Jan 16th 1908

Undertaker Jno P. Inman

Address Balto & Amity

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 622 W Lombard St

St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Bertha Rieter

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 8 days

C 8537

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: White

DATE OF BIRTH: Jan 6 1908

AGE: ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Herman Meyer

BIRTHPLACE OF FATHER (State or country): Hanover Germany

MAIDEN NAME OF MOTHER: Bertha Rieter

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) her mark Bertha Rieter (X)

(Address)

Filed 1/16 1908

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 14 1908

that I last saw h.. alive on Jan 13 1908.

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Meningitis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. M. Allen M.D.

Address 622 W Lombard St

Date Jan 15 1908

Place of Burial UNIVERSITY OF MARYLAND.

Date January 15 1908

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

#310

Ward 5 C 8536 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Crowder Tidnall

{ Residence, if in Baltimore, Give Street and Number. } 923 Smith Court

Duration of Residence in Baltimore. 7.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Husband

(Address) 923 Smith Ct

Filed 1/16 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 15th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Jan 15 1908

that I last saw her alive on Jan 15 1908,

and that death occurred, on the date stated above, at 10.45

M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date January 16 1908

Place of Burial Sandel Ch

Date Jan 18 1908

Undertaker R. A. Elliott

Address 606 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B C 8539

City of Baltimore, (No. 939 N. Broadway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis A. S. Bramble.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH (Month) (Day) Year)	1
AGE	9/ years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm C Bramble

(Address) 939 N Broadway

Filed 1/16 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 15th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ...190... to ...190...

that I last saw h... alive on ...190...,

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

This woman died suddenly. Probably due to a Senile Heart. I had not yet seen for ~~months~~ DURATION DAYS

Contributory ... (DURATION) ... DAYS

(Signed) Wilmer Brinton. M. D.

Jan. 16th 1908 (Address) Calvert & Fayette Sts

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mountain Christian Church	Jan 16 1908.
UNDERTAKER Harper Co Ltd	ADDRESS H E Hughes 1702 Broadway

PRINTED BY J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 8540 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1733 Ashland av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith E Snyder

{Residence, if in Baltimore, Give Street and Number.} 6 year

Duration of Residence in Baltimore. Life time

C8540

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	W

DATE OF BIRTH: May 1868

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Thomas H Kirby

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Sarah J Horner

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah J Kirby

(Address) 1724 Ashland av

Filed 1/16 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 14 1908

I HEREBY CERTIFY, That I attended deceased from Nov 5 1907 to Jan 14 1908 that I last saw h alive on Jan 14 1908, and that death occurred, on the date stated above, at 10 PM.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 1 years

(Signed) J. Frederick Leitz M.D.

Address 1340 N. North Ave

Date Jan 16 1908

Place of Burial Baltimore Co

Date Jan 18 1908

Undertaker Wm J Schaffer

Address 8. E. Front ST

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 8541 Registered No. B C 8541

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 722 Hanover Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Hamilton

{Residence, if in Baltimore, Give Street and Number.} 722 Hanover Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 103 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Not Known

FULL NAME OF FATHER: " "

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Ellen Vandike

BIRTHPLACE OF MOTHER (State or country): Chestertown Md.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Henry

(Address) 722 Hanover St

Filed 1/16 1908 HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 15 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15th 1907 to Jan 15th 1908 that I last saw he alive on Jan 15th 1908, and that death occurred, on the date stated above, at 11.20 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 15 DAYS

Contributory (Primary) Heart Failure

(DURATION) 15 DAYS

(Signed) C. H. Finke M.D.

Address 712 S. Sharp St.

Date Jan 16th 1908

Place of Burial Mt Auburn Cem

Date Jan 17th 1908

Undertaker G. L. Brown & Son

Address 108 W. Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

C 8542 Registered No. 3

138

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Anna C. Crayeroft

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 6 1874

AGE: 33 years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York City

FULL NAME OF FATHER: Mr Walter Colton

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Miss Mary Stone

BIRTHPLACE OF MOTHER (State or country): Prince George Co

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) (Miss) G. H. Krause

(Address) Church Home & Inf.

Filed 1/16 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 15 1908

I HEREBY CERTIFY, That I attended deceased from January 14 1908 to January 15 1908 that I last saw her alive on January 15 1908, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia

(DURATION) 1 DAYS

Contributory (Primary.) Pregnancy

(DURATION) DAYS

(Signed) Charles H. Stubenrauch M.D.

Address Church Home & Infirmary

Date January 15 1908

Place of Burial Greenmount Cem.

Date Jany 16th 1908 190

Undertaker Hemsley Bros Co

Address 300 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C 8543 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 3403 Walbrook Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Hammerbacher

{Residence, if in Baltimore, Give Street and Number.} 3403 Walbrook Ave

Duration of Residence in Baltimore. Lifetime

C 8543

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 14th 1875

AGE: 32 years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Maximilian Abelt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sophia Knipp

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Hammerbacher Husband

(Address) 3403 Walbrook Ave

Filed 1/16 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 15th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1907 to Jan 15 1908

that I last saw her alive on Jan 15 1908,

and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

6 months (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) H Hammerbacher M.D.

Address 3403 Walbrook Ave

Date Jan 15 1908

Place of Burial Loudon Park

Date Jan 17 1908

Undertaker H. J. Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

154

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George Glenn

{ Residence, if in Baltimore, Give Street and Number. } Bay View

C8544

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 1/16 1908

HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 16 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 16 1907 to Jan 16 1908 that I last saw h.. alive on Jan 16 1908 and that death occurred, on the date stated above, at 6.15 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Senility

..... (DURATION) ..... DAYS

(Signed) Robt. P. Bay, M.D.

Address Bay View

Date Jan. 16 1908

Place of Burial Bethel, Harford Co. Md.

Date Jan 17th 1908

Undertaker Sur. & Buss John H. Teufel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4th C 8545

CERTIFICATE OF DEATH.

(Place of Death.) No. 1238 S. Sharp St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Albert L. Routh

{Residence, if in Baltimore, Give Street and Number.} 1238 S. Sharp St.

Duration of Residence in Baltimore. Life

C8545

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 17 1883

AGE 24 years, 9 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm H Routh

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Catherine Key

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Routh

(Address) 1238 S. Sharp St.

Filed 1/16 1908 HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Jan 14 1908

that I last saw him alive on Jan 14 1908,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) 3 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) Unknown DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date Jan 15 1908

Place of Burial St. Patrick's Circ

Date Jan 18. 1908.

Undertaker Davis and McGuire

Address 442 E West

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8546 Regist...

CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 19

Full Name Laura T Rondo

{Residence, if in Baltimore, Give Street and Number.} Aged Women's Home

C 8546

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 9 1831

AGE 76 years ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Richard Shaw

BIRTHPLACE OF FATHER (State or country) Kent Co Md

MAIDEN NAME OF MOTHER Sarah Fleming

BIRTHPLACE OF MOTHER (State or country) Kent Co Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella F Jones

(Address) Aged Women Home

Filed 1/17 " 190 8

HARRY G. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 16 1908

that I last saw h.r alive on Jan 15 1908

and that death occurred, on the date stated above, at 5

A. M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Disease of Heart

2 years (DURATION) ... DAYS

Con'ributory (Primary.) Asthenia

2 wks (DURATION) ... DAYS

(Signed) V. L Norwood M.D.

Address 939 W Fayette St

Date Jan 16 1908

Place of Burial Balto Cemetery

Date January 18 1908

Undertaker Evans & Spence

Address 118 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

CERTIFICATE OF DEATH.

152

(Place of Death.) No. 735 W Lombard St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Krzsaenky

{ Residence, if in Baltimore, Give Street and Number. } 735 W Lombard St

C8547

Duration of Residence in Baltimore. 8 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 15 1908

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friend in Home

(Address) 735 W Lombard St

Filed 1/17 1908

HENRY C. ANDREAE, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to Jan 16 1908

that I last saw him alive on Jan 16 1908,

and that death occurred, on the date stated above, at 12 10 A.M.

I. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxia

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Howard D Lewis M.D.

Address 423 Hanover st.

Date Jan 16 1908

Place of Burial Holy Redeemer

Date Jan 19 1908

Undertaker M S Funk

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

C 8548

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 525 S. Monroe St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Mendle

{Residence, if in Baltimore, Give Street and Number.} 624 addison Alley

Duration of Residence in Baltimore. Life

C 8548

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH 1864

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Nicholas Mentel

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: May Eggelhard

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Mrs Wife

(Address) 624 Addison Ally.

Filed 1/17 1908

HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan - 17 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15 1907 to ..... 190..

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 10 30 a m. CAUSE OF DEATH (Secondary or immediate)

Cardiac Dilatation

(DURATION) 6 DAYS

Contributory (Primary) Organic Heart Disease

(DURATION) DAYS

Signed Edward Jones M.D.

Address Coroner

Date Jan 15 1908

Place of Burial Loudon Park

Date Jan 17 1908

Undertaker W S Smith

Address 211 N Pratt St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 9 C 8549 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 15-20 Mulliken St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Evelyn V Jones

{Residence, if in Baltimore, Give Street and Number.} 15-20 Mulliken St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Col

DATE OF BIRTH Sept 5 / 1907

AGE — years, 4 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Lammell Butler

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Rachel Butler

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Butler

(Address) 15-20 Mulliken

Filed 1/17 1908 JOHN C. ARMERS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 14 / 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 14 1908 that I last saw her alive on Jan 14 1908, and that death occurred, on the date stated above, at 1.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.) Convulsions

(DURATION) 1 hr DAYS

(Signed) A G Roeder M.D.

Address 1904 E. Fayette St

Date Jan 16 / 1908

Place of Burial Holmes Cemetery

Date January 17 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8550 Reg...

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 27 S. Dulaney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Fields

{Residence, if in Baltimore, Give Street and Number.} 27 St. Dulaney

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 65 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): —	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: House Work	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) by Friends

(Address)

Filed 1/17 1908 JOHN J. ARDUSS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14 1908

I HEREBY CERTIFY, That I attended deceased from Jan 11 1908 to Jan 14 1908 that I last saw h[illegible] alive on Jan 12 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) John Holt M.D.

Address Balto Eastern Dispensary

Date Jan 16 1908

Place of Burial Laurel Cem

Date Jan 17 1908

Undertaker Radcliffe

Address 906 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th C 8551 Registered No. B C 8552

CERTIFICATE OF DEATH.

120

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Angelina Campbell

{Residence, if in Baltimore, Give Street and Number.} 1840 Bolton Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —— 1

AGE 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Frederick Md

FULL NAME OF FATHER Mr Arthur

BIRTHPLACE OF FATHER (State or country) ——

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) ——

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lotta Campbell

(Address) 1840 Bolton

Filed 1/17 1908 HENRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to Jan 14 1908 that I last saw her alive on Jan 14 1908 and that death occurred, on the date stated above, at 8:10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Oedema of lungs

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date Jan 17 1908

Place of Burial CEDAR HILL.

Date JAN 17 1908

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8552

City of Baltimore, (No. 616, W. Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas. T. Towson

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Jan 13 (Month) (Day) 1908 (Year)

AGE: 31 years, ____ months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Thomas Towson

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Sophie Jacobs

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: Cigarmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs T Towson

(Address) 616 W Biddle St

Filed 1/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 15 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 5 1907 to Jan 15 1908

that I last saw h[illegible] alive on Jan 15 1908,

and that death occurred, on the date stated above, at 12 [illegible]m. The CAUSE OF DEATH was as follows:

Respiratory failure o
asthenia

(DURATION) 3 DAYS

Contributory Myocarditis &
Pneumonia (DURATION) 70 DAYS

(Signed) Irving J. Glenn M. D.

1/17 1908 (Address) 1810 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery | DATE OF BURIAL: Jan 17 1908

UNDERTAKER: [illegible] | ADDRESS: 230 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 8553 Register

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 903 Bolton Street St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name C. L. DeMond Lennell

{ Residence, if in Baltimore, Give Street and Number. } 903 Bolton Street

Duration of Residence in Baltimore. Life

C8553

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH Dec. 22" 1907

AGE 1 years, 3 weeks months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Chas. Lennell

BIRTHPLACE OF FATHER (State or country) W. I.

MAIDEN NAME OF MOTHER Lenora Padmore

BIRTHPLACE OF MOTHER (State or country) W. I.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ~~Lennell~~ Lenora ~~Padmore~~

(Address) 903 Bolton Street

Filed 1/17 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Tuesday Jany 14th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 22nd 1908 to Jany 14th 1908 that I last saw h~~im~~er alive on Jany 14 1908, and that death occurred, on the date stated above, at 3-15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Pulmonal (DURATION) DAYS

Contributory (Primary.) Double Pneumonia

Abt Six Weeks (DURATION) DAYS

(Signed) Alex Mch M.D.

Address 607 N. Church St

Date Jany 14th 1908

Place of Burial Mt. Auburn Cemetery

Date January 17" 1908

Undertaker Alex. Hemsley

Address 578 W. Biddle Street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

CERTIFICATE OF DEATH.

(Place of Death.) No. 312 N. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Urbin

{Residence, if in Baltimore, Give Street and Number.} 312 N. Pratt St.

Duration of Residence in Baltimore. life

C8554

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 15 1908

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt md

FULL NAME OF FATHER: Eliot Urbin

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Jessie Geastes

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliot Urbin

(Address) 312 N Pratt St

Filed 1/17 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17 E 1908

I HEREBY CERTIFY, That I attended deceased from Jan 16 1908 to Jan 17 E 1908 that I last saw him alive on Jan 16 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

I Shasmon

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas L. Cadbottom M.D.

Address 418 S. Paca St

Date Jan 17 E 1908

Place of Burial Holy Redeemer

Date Jan 17 1908

Undertaker N S Trink

Address 2118 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 8555 Registered No. B

122

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lee Horsey

{Residence, if in Baltimore, Give Street and Number.} Chesfield, Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 16th 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: E W Horsey

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary E Hickman

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas J Horsey

(Address) Chesfield Md

Filed 1/17 190 8 HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 16th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10th 1908 to Jan. 16th 1908

that I last saw him alive on Jan 16th 1908

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis

(4 days)

(DURATION) DAYS

Con'tributory (Primary.) Stone in

Ureter (DURATION) DAYS

(Signed) G. N. Bishop M.D.

Address University Hosp.

Date Jan 17th 1908

Place of Burial Chesfield Cemetery

Date Jan 17 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C 8556

City of Baltimore, (No. 508, St. Mary – St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Brooks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Aug. 8th (Month) (Day) 1845 (Year)

AGE: 12 years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Geo. H. Brooks

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Julia Clayton

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Downs

(Address) 508 St Mary's St

Filed 1/17 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 15th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 26th 1907 to Dec 31st 1907 that I last saw her alive on 10th Jan. 1908, and that death occurred, on the date stated above, at 3:40 a. m. The CAUSE OF DEATH was as follows:

Tuberculosis

One year (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) R. M. Hall M. D.

Jan. 15th 1908 (Address) 1019 Druid Hill Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Easton Md. DATE OF BURIAL: Jan 17 1908

UNDERTAKER: R A Elliott ADDRESS: 806 Rogers Ave

This case has been going to various Hospitals among them Johns Hopkins, Md. Gen'l, and others

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C 8557 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 819 Harmony Lane St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Nellie V. Johnson

{Residence, if in Baltimore, Give Street and Number.} 819 Harmony Lane

C8557

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Sept 22 1891

AGE 16 years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER William Johnson.

BIRTHPLACE OF FATHER (State or country) Kent Island Md

MAIDEN NAME OF MOTHER Jennie Evans.

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Johnson

(Address) 819 Harmony Lane

Filed 1/17 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 15th 1908.

I HEREBY CERTIFY, That I attended deceased from Dec 30th 1907 to Jany 15 1908

that I last saw h.. alive on Jany 13 1908.

and that death occurred, on the date stated above, at 11.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis (DURATION) 90 DAYS

Contributory (Primary.)

Bronchitis & Asthma (DURATION) 120 DAYS

(Signed) Edward E Blackington M.D.

Address 1300 W. North Ave.

Date Jany 16th 1908.

Place of Burial Woodlawn Cemetery

Date Nov. 18 1908

Undertaker Felix B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 8558 Registered No. 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1840 Harford Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John T. Wright

{Residence, if in Baltimore, Give Street and Number.} 1840 Harford Av.

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 19th 1838

AGE: 69 years, 3 months, 28 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Josua Wright

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Julia Webb

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Well Digger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno W Wright

(Address) Fullerton Md

Filed 1/17 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 17 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 16 — 1908 to Jan. 17 — 1908

that I last saw h.. alive on " " 1908

and that death occurred, on the date stated above, at 6.55 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Paralysis of brain

26 hours (DURATION) DAYS

Con'ributory (Primary.) —

(DURATION)

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Carolina av.

Date January 17 — 1908

Place of Burial York, Balto Co Md

Date Jan 19th 1908

Undertaker Henry C Lassahn Jr

Address Fullerton Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 8559

City of Baltimore, (No. 408 S. Chester St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Loeffler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: February 24th 1864 (Month) (Day) (Year)

AGE: 43 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Leffler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Zirkel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret E. Leffler

(Address) 408 S. Chester St.

Filed 1/17 190 8

HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 15 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to Jan 15 1908 that I last saw him alive on Jan 13 1908, and that death occurred, on the date stated above, at 7 a.m. The CAUSE OF DEATH was as follows:

Exhaustion & Cardiac Insufficiency

(DURATION) 1½ DAYS

Contributory Mitral Regurgitation

(DURATION) Postmortem DAYS

(Signed) R. P. Cannan M. D.

Jan 15 1908 (Address) 1701 N Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt. Carmel Cem.

DATE OF BURIAL: Jan 17 1908

UNDERTAKER: L. Gardner Sons

ADDRESS: 1210 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE

Ward 1 C 8560 Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 2221 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jeremiah Funk

{Residence, if in Baltimore, Give Street and Number.} 2221 Bank St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 10th 1884

AGE: 24 years, 6 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas. W. Funk

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary F. Jarvis

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Patternmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Chas. W. Funk

(Address) 2221 Bank St.

Filed 1/17 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 14th 1908

I HEREBY CERTIFY, That I attended deceased from August 1907 to January 1908

that I last saw him alive on Dec 13th 1907

and that death occurred, on the date stated above, at 8.13 P. M.

CAUSE OF DEATH (Secondary or Immediate) Exhaustion

(DURATION) DAYS

Contributory (Primary) Consumption

(Pulmonary Tuberculosis) (DURATION) DAYS

(Signed) Maurice Low M.D.

Address 1835 E. Baltimore St

Date January 15th 1908

Place of Burial Mt. Carmel Cem.

Date Jan 17 1908

Undertaker R. Sanders Sons

Address 710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 8561

C8561

Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 731 Ramsay St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Gertrude Gerver

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 731 Ramsay St

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Michl H Gerver

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Dallie Rush

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 1200 N. Gilmor

Filed 1/17 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 16 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Jan 15 1908

that I last saw her alive on Jan 15 1908,

and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 14 DAYS

Contributory (Primary) Cardiac Asthenia (DURATION) 1 DAYS

(Signed) J Morley Hoag M.D.

Address 721 Columbia ave

Date Jan 16 1908

Place of Burial London Park

Date Jan 17th 1908

Undertaker John Fields

Address 1200 N. Gilmor st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 8562

City of Baltimore, (No. 1129 W. Franklin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catharine R. Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 1 1841 (Month) (Day) (Year)

AGE: 66 years, 4 months, 15 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Frederick Md

FULL NAME OF FATHER: Daniel Simm

BIRTHPLACE OF FATHER (State or country): Frederick Md

MAIDEN NAME OF MOTHER: Susan Lamborgh

BIRTHPLACE OF MOTHER (State or country): Frederick

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo.F.Miller,

(Address) 1129 Franklin St.

Filed 1/17 1908

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 15 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 7 1908 to Jan 15 1908

that I last saw h[illegible] alive on Jan 15 1908,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

La Grippe followed by Cardiac Failure

Suggesting Angina Pectoris

(DURATION) 8 DAYS

Contributory

(DURATION) 1 DAYS

(Signed) Standish McCleary M. D.

1/16 1908 (Address) 1609 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 19 1908

UNDERTAKER: Geo.W.Little. — ADDRESS: 531 N. Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C 8563 Registered No. B ... 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 931 Milton Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Barron

{Residence, if in Baltimore, Give Street and Number.} 931 Milton Place.

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 28 1907

AGE: — years, 1 months, 18 days

SINGLE, ~~MARRIED~~, WI~~DOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Joseph F Barron

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Daisy Davidson

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Little

(Address) 531 N Fremont Ave

Filed 1/17 1908 HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 16th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 16th 1908 to Jan 16th 1908

that I last saw h[illegible] alive on Jan 16 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions ~~of~~ Asthma

(DURATION) 3 hours

Contributory (Primary) Cerebral Congestion (DURATION) 1 DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date Jan 17th 1908

Place of Burial New Cathedral

Date Jan 18 1908

Undertaker Geo W Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10

HEALTH DEPARTMENT, CITY OF BALTIMORE. 154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8564

Registered No. B.....

City of Baltimore, (No. 1040 Edmondson Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucy Stevens.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. (Month) 8 (Day) 1816 (Year)

AGE: 91 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Mass.

FULL NAME OF FATHER: Silas Wright,

BIRTHPLACE OF FATHER (State or country): Conn.

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt.L.Stevens.

(Address) 1040 Edmondson Ave.

Filed Jan 17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to Jan 16 1908 that I last saw h[illegible] alive on Jan 15 1908, and that death occurred, on the date stated above, at 8.30 a.m. The CAUSE OF DEATH was as follows:

Old age cerebral hemorrhage

(DURATION) DAYS

Contributory .....

(DURATION) DAYS

(Signed) [illegible] M. D.

Jan 16, 1908 (Address) 1039 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem.

DATE OF BURIAL: Jan.17 1908

UNDERTAKER: Geo.W.Little,

ADDRESS: 531 N.Fremont A

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, occupation, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 28 C 8565 Registered No.

CERTIFICATE OF DEATH.

28

(Place of Death.) No. 1615 Jackson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Arthur Leroy Townsend

{Residence, if in Baltimore, Give Street and Number.} 1615 Jackson St

Duration of Residence in Baltimore. Life

C 8565

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ____ years, 8 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Wilbur Smith Townsend

BIRTHPLACE OF FATHER (State or country) Talbot Co Md

MAIDEN NAME OF MOTHER Wilhimena Benjamin

BIRTHPLACE OF MOTHER (State or country) Brunswick Md

OCCUPATION OF DECEASED ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur S Townsend

(Address) 1615 Jackson St.

Filed 1/17 1908 HENRY O. ANDREWS, PARROT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 16 1908 that I last saw h~~im~~alive on Jan 15 1908, and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis meningitis

(DURATION) 6 DAYS

Contributory (Primary.) Broncho-pneumonia (DURATION) 6 DAYS

(Signed) H Leo Steffey M.D.

Address 1409 Light St

Date June 16 1908

Place of Burial St Michaels Md

Date Jan 18 1908

Undertaker J E Kugler

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 11 C 8566 Registered No. B C 8566

45

CERTIFICATE OF DEATH.

(Place of Death.) No. The Church Home, Infirmary St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Harriet S. Coddington

{ Residence, if in Baltimore, Give Street and Number. } S.E. Cor. Ohio St., Maryland Ave.

Duration of Residence in Baltimore. 53 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ ~~White~~ | COLOR White

DATE OF BIRTH Nov 9 1830

AGE 77 years, 2 months, 9 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Jas H Stoddard

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth Brown

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Church Home Infirmary

(Address)

Filed 1/17 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 16 1908

I HEREBY CERTIFY, That I attended deceased from Jany 21 1907 to Jany 16 1908 that I last saw her alive on Jany 15 1908, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Bladder

(DURATION) 1 Yr DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address The Church Home, Infirmary

Date Jany 16 1908

Place of Burial Washington D.C.

Date Jan 18th 1908

Undertaker H E Hughes

Address 1725 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C8567 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2103 Maryland Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. L. Harmanson.

{Residence, if in Baltimore, Give Street and Number.} 2103 Maryland Av

Duration of Residence in Baltimore. 6 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: George Arbuckle

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Catherine Feeney

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Harmanson

(Address) 2103 Maryland Av

Filed 1/17 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany. 16th 1908

I HEREBY CERTIFY, That I attended deceased from Jany 11th 1908 to Jany 16th 1908

that I last saw her alive on Jany 15th 1908

and that death occurred, on the date stated above, at 2.45 A M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 5 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Geo H. Carney M.D.

Address 21 N 25th st

Date Jany 16th 1908

Place of Burial Pinnacle Va

Date Jan 18/908 190

Undertaker Woodson

Address 2026 Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8568 Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 406 E 24th Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Evelyn. V Beecher.

{ Residence, if in Baltimore, Give Street and Number. } 406 E. 24th St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 30 1907

AGE: ..... years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Benj. F. Beecher.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mamie Frederick

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Benj. F. Beecher.

(Address) 406 E 24th St

Filed 1/17 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 16, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1907 to Jan. 16, 1908 that I last saw her alive on Jan. 14, 1908 and that death occurred, on the date stated above, at 5.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) 22 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) R. C. Elwell, M.D.

Address 1741 Hanford Ave

Date January 14, 1908

Place of Burial St Mary's Cem (H)

Date Jan 18/908 190

Undertaker Wm Cook

Address 502 E Hatton

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C8569 Registered No. 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1432 S Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Bothoff

{Residence, if in Baltimore, Give Street and Number.} 1432 S Charles St

Duration of Residence in Baltimore. 66 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Unknown

AGE 80 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Mills

(Address) 1432 S Charles St

Filed 1/17 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 16 — 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28 1907 to Jany 16 — 1908

that I last saw h[illegible] alive on January 16 1908

and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Collapse
Old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) N. Ker Brune M.D.

Address 1228 S. Charles St

Date January 16 — 1908

Place of Burial Western Cemetery

Date January 21st 1908

Undertaker William Croft

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 12 C8570 C 8570 Registered No. B.....

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 231 S. Spring St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lee W. H. Smith

{Residence, if in Baltimore, Give Street and Number.} 231 S Spring St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 3 1852

AGE 55 years, 7 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Jno K Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mooney

BIRTHPLACE OF MOTHER (State or country) ?

OCCUPATION OF DECEASED /

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Smith

(Address) 231 S Spring St

Filed 1/17 1908 HENRY C. ANDREWS FIRST CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 11th 1908 to Jan 15th 1908 that I last saw h[illegible] alive on Jan 15th 1908 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) ——— DAYS

Contributory (Primary) Cardiac Failure (DURATION) DAYS

(Signed) John Ruth M.D.

Address 1300 E Baltimore St

Date Balto. Jan 15th 1908

Place of Burial St Vincents Cem.

Date Jan 18 1908

Undertaker W. J. Pickener & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

Dr. Kirk - Central Balto

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 12 C857 | C 857 1 Registered No. B

CERTIFICATE OF DEATH. 99

(Place of Death.) No. 406 S. Paca st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Atonina . Noto

{ Residence, if in Baltimore, Give Street and Number. } 406 S. Paca st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 5 1907

AGE ..... years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Vinson . Noto

BIRTHPLACE OF FATHER (State or country) Sicily

MAIDEN NAME OF MOTHER Rosalina Bertolino

BIRTHPLACE OF MOTHER (State or country) Sicily

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vinson Noto

(Address) 406 S. Paca st

Filed 1/17 1908

HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2 1908 to Jan 16 1908 that I last saw h.. alive on Jan 15 1908 and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Atelectasis Congenital Life Time (DURATION) DAYS

Contributory (Primary) marasmus (DURATION) 14 DAYS

(Signed) Antony L. Ruttolo M.D.

Address 827 Aisquith st

Date Jan 16 1908

Place of Burial New Cathedral

Date Jan 17 1908

Undertaker N. J. Tickner & Sons

Address Lanvale & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8572 Registered No. B

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 514 N. Carey St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name George W. Cromwell

{Residence, if in Baltimore, Give Street and Number.} 514 N. Carey st.

Duration of Residence in Baltimore.. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Sept 28th 1824

AGE 83 years, 3 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. city Md

FULL NAME OF FATHER Jacob Giles Cromwell

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER — Hellore

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm G. Spurrier

(Address) 1128 Mulberry st

Filed 1/17 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 16th 1908

I HEREBY CERTIFY, That I attended deceased from Jany 12th 1908 to Jany 16th 1908 that I last saw him alive on Jany 15th 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate

Cerebral Hemorrhage

(DURATION) 5 DAYS

Contributory (Primary.) Cleaning Kitchen

Long Time (DURATION) — DAYS

(Signed) John Neff M.D.

Address 101 N. Lanvale Ave

Date Jany 16th 1908

Place of Burial All Saints Cem

Date Jan 18th 1908

Undertaker Geo J Smith Co

Address 1000 W. Fayette st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8573

CERTIFICATE OF DEATH. 10

(Place of Death.) No. Balt City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name James J McCabe

{ Residence, if in Baltimore, Give Street and Number. } 1110 Eutaw st

Duration of Residence in Baltimore. Life C 8573

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	June 22 1835
AGE	72 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Peter McCabe
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Ryan
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H McCabe

(Address) 1110 Eutaw St.

Filed 1/17 1908

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to Jan 15 1908 that I last saw h— alive on Jan 15 1908, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

(DURATION) DAYS

Contributory (Primary.) La Grippe

(DURATION) DAYS

(Signed) H McCabe M.D.

Address Balto City Hosp.

Date Jan 16 1908

Place of Burial Mt Cathedral

Date Jany 20 1908

Undertaker Robt J Turner

Address 1742 N. Broadway.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 8574 Registered No. B 108

CERTIFICATE OF DEATH.

(Place of Death.) No. 730 N Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosanna McGinnis

{Residence, if in Baltimore, Give Street and Number.} 730 N Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 10 18XX

AGE 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER J. M Finnis

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Gallagher

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E M Finnis

(Address) 730 N Broadway.

Filed 1/17 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15 1908

I HEREBY CERTIFY, That I attended deceased from June 1907 to Jan 15 1908 that I last saw h[illegible] alive on Jan 15 1908 and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Interstitial Nephritis and Exhaustion

One wk (DURATION) DAYS

Contributory (Primary.) Apoplexy

6 mos (DURATION) DAYS

(Signed) Chas. F Blake M.D.

Address 1523 E Baltimore

Date Jan 14 1908

Place of Burial Mt Auburn

Date Jany 17 1908

Undertaker Robt F Turner

Address 1842 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 8575 Registered No. B

CERTIFICATE OF DEATH. 19

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Annie Schwarz

{ Residence, if in Baltimore, Give Street and Number. } Belair Road, Raspburg P.O.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 16 1868

AGE: 39 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: W J Poser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Schwarz

(Address) 1748 E Preston

Filed 1/17 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 5 1908 to Jan 15th 1908 that I last saw h alive on Jan 15th 1908, and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Oedema

(DURATION) 2 DAYS

Contributory (Primary) Mitral Stenosis

(DURATION) — DAYS

(Signed) Charles Englehardt M.D.

Address Hebrew Hospital

Date Jan 15 1908

Place of Burial Baltimore County

Date Jan 17 1908

Undertaker Robert Stevens

Address 1422 N Gay

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8576

City of Baltimore, (No. 1418, Mc Elderry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Gibo

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: colored.

DATE OF BIRTH: ——— (Month) 1 (Day) ——— (Year)

AGE: 28 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ———

(Address) ———

Filed 1/17 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 5 1908 to Jan 15 1908 that I last saw h alive on Jan 14 1908, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Pneumonia.

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) W W White M. D.

Jan 17 1908 (Address) 1101 N. Bivay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: Jan 17 1908

UNDERTAKER: R J Talbott

ADDRESS: 506 Rogers Av

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 C 8577 Registered No. B

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1229 N. Bond St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Schaur

{Residence, if in Baltimore, Give Street and Number.} 1229 N. Bond St

Duration of Residence in Baltimore. 56 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 7th 1822

AGE: 85 years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Schaur

(Address) 2001 Boone St.

Filed 1/17/ 1908 HARRY C. JAMES, PARK'T CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 15th 1908

I HEREBY CERTIFY, That I attended deceased from Jany 7th 1908 to Jany 15th 1908

that I last saw her alive on Jany 15th 1908,

and that death occurred, on the date stated above, at 1.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. E. Jones M.D.

Address 150 E. Lanvale St

Date Jan 17th 1908

Place of Burial Baltimore

Date 1/18/08 190

Undertaker J. Henry Hun

Address 1708 Eutaw St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 8578 Registered No. D.....

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 2011 Fairmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James R Shearer

{ Residence, if in Baltimore, Give Street and Number. } 2011 Fairmount Ave

C 8578

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 3rd 1884

AGE: 23 years, 5 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James R Shearer

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Ida L. Rodd

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James R Shearer

(Address) 2011 Fairmount Ave

Filed 1/17 1908

HARRY O. ANDREWS, FARMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 16th 1908

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to Jan 16 1908

that I last saw h.. alive on Jan 1908

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate

Rheumatic Carditis

about 8 months (DURATION) DAT

Contributory (Primary.)

(DURATION) DAT

(Signed) John H. Rehberger M.D.

Address #1709 Alice Ave

Date January 17th 1908

Place of Burial Mt. Olivet Cem.

Date January 18th 1908

Undertaker H. Allen Stubbs

Address 2013 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8579

City of Baltimore, (No. 1602, Madison Ave St.; — Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Endal Oscar Reuter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 13 1867 (Month) (Day) (Year)

AGE: 39 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Chas Reuter

BIRTHPLACE OF FATHER (State or country): Md —

MAIDEN NAME OF MOTHER: Matilda Hess

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Matilda Reuter

(Address) 1602 Madison ave

Filed 1/17 1908

HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 12 1908 to Jany 16 1908 that I last saw him alive on Jany 16 1908, and that death occurred, on the date stated above, at 10.30 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis

Suppose TB at last 6 mo (DURATION) DAYS

Contributory —

(DURATION) — DAYS

(Signed) G Lane Tanyhill M. D.

Jany 16 1908 (Address) 1103 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mound?

DATE OF BURIAL: Jany 18 1908

UNDERTAKER: E. M. Mitchell

ADDRESS: 120 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Ward 15 C 8580 Registered No.

CERTIFICATE OF DEATH. 10

(Place of Death.) No. 2224 Garrison AVE. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mrs Nancy B. Price

{Residence, if in Baltimore, Give Street and Number.} 2224 Garrison ave. Walbrook

Duration of Residence in Baltimore. 4 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. 10th 1835

AGE: 72 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Hamilton Ohio

FULL NAME OF FATHER: Vincent Brown

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Vanliew

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs North

(Address) 2224 Garrison ave

Filed 1/17 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 16th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 13th 1908 to Jan 16th 1908 that I last saw her alive on Jan 16th 1908, and that death occurred, on the date stated above, at 3-05 P.M. CAUSE OF DEATH (Secondary or Immediate)

Grippe followed by Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. K. Zapf M.D.

Address 3050 W North ave

Date Jan. 17th 1908

Place of Burial Druid Ridge Cem

Date Jan. 19th 1908

Undertaker E. M. Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

C 8581

Registered No. B

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 630 Wyanoke Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann Gamble

{Residence, if in Baltimore, Give Street and Number.} 630 Wyanoke Ave

Duration of Residence in Baltimore. 3 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: White

DATE OF BIRTH: April 16 1832

AGE: 85 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Kent Co. Md.

FULL NAME OF FATHER: Merritt Miller

BIRTHPLACE OF FATHER (State or country): Kent Co. Md.

MAIDEN NAME OF MOTHER: Nancy Scott

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Mrs Violet Beck

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Violet Beck

(Address) Kent Co - Md

Filed 1/17 1908

HARRY O. ARBURN, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 16, 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1907 to Jan 16 1908

that I last saw h[illegible] alive on Jan 16 1908

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Bronchitis

Years (DURATION) DAYS

Contributory (Primary.) Senile

Degeneration (DURATION) DAYS

(Signed) John A Evans M.D.

Address 101 N. Carey St

Date Jan 16. 1907

Place of Burial Rock Hall. Kent Co Md

Date Jan 18 1908

Undertaker E.M. Mitchell

Address 1201 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8582

City of Baltimore, (No. 2600, Maryland Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Milton Horner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 3 = (Month) (Day) 1841 (Year)

AGE: 66 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: James E. Horner

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Ann E. Watson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) V. G. Dunnington

(Address) 2600 Md. Ave.

Filed 1/17 1908

HARRY G. ARTHURS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 17 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to January 17 1908

that I last saw him alive on January 16 1908,

and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH was as follows:

Chronic Bright's Disease

Hypertrophy of heart (DURATION) 1 Year

Contributory Dropsy (DURATION) 1 DAY

(Signed) James Dunnington M. D.

Jan 17 1908 (Address) 1013 N. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lynchburg Va

DATE OF BURIAL: Jany 17 1908

UNDERTAKER: C. W. Mitchell

ADDRESS: 1201 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B C 8583

City of Baltimore, (No. 1038 McDonough St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Florence R Merrick

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 7 (Day) 1883 (Year)

AGE: 24 years, 7 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Isaac Merrick

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Amelia Hower

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Potter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Merrick

(Address) 1038 McDonough

Filed 1/17 1908

HARRY O. ANDREWS, FIRST CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to Jan 15 1908

that I last saw h.. alive on Jan 15 1908,

and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

&

(DURATION) 7 DAYS

Contributory

(DURATION) DAYS

(Signed) C J Farrell M. D.

Jan 16 1908 (Address) 1720 E Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Jan 18 1908

UNDERTAKER: Henry Lutz

ADDRESS: 1007 N. Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 22 C 8584 Registered No. B

CERTIFICATE OF DEATH. 175

(Place of Death.) No. 1144 Hanover St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Andrew J Della

{Residence, if in Baltimore, Give Street and Number.} 1144 Hanover St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH February 8 1869

AGE 38 years, 11 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER George W. Della

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Elizabeth Mills

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard R. Della Bro.

(Address) 1144 Hanover St

Filed 1/17 1908

HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 16. 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 ...

that I last saw h... alive on ..... 190 ...

and that death occurred, on the date stated above, at 12:15 P.M.

CAUSE OF DEATH (Secondary or Immediate

Carbolic Acid Poisoning

Accidental Death

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. M. Leinhardt M.D.

Address Coroner

Date January 16 1908

Place of Burial Cedar Hill Cem...

Date Jan. 18th 1908

Undertaker J. J. Faber

Address 1323 Hillsdale Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8585

City of Baltimore, (No. 1124, McCulloch St.; 11 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bessie M. Dunnett

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colt

DATE OF BIRTH: Aug. (Month) 5, (Day) 1871 (Year)

AGE: 36 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore md

FULL NAME OF FATHER: Wm N. Dunnett

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Sara E Hush

BIRTHPLACE OF MOTHER (State or country): Baltimore.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Dunnett

(Address) 1124 McCulloch St

Filed 1/17 1908

HENRY O. ANDRESEN
CHIEF CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 16 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Jany 16 1908 that I last saw h er alive on Jany 16 1908, and that death occurred, on the date stated above, at 3.30 P.M. The CAUSE OF DEATH was as follows:

diabetes

about 3 mo (DURATION) DAYS

Contributory none

(DURATION) DAYS

(Signed) G Lane Taneyhill M. D.

Jany 16 1908 (Address) 1103 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cem | DATE OF BURIAL: Jan 18 1908

UNDERTAKER: Chas. E. Franck | ADDRESS: 746 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE

1908 1 16
1871 8 5
36 4 11

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 2 V C 8586 Registered No. B

54

CERTIFICATE OF DEATH.

(Place of Death.) No. 1704 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Golabiewska

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. 21 Years

C8586

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dezember 28 1845

AGE: 62 years, months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Przybyls Ki

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Dembek

(Address) 2640 Hudson st

Filed 1/17 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Januar 16 1908

I HEREBY CERTIFY, That I attended deceased from Dezember 8 1907 to Januar 15 1908 that I last saw h[illegible] alive on Januar 15 1908, and that death occurred, on the date stated above, at 4 30 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pernicious Anemia

(DURATION) 60 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 37 DAYS

(Signed) S. J. Szuwalski M.D.

Address 722 S. Ann

Date Januar 16 1908

Place of Burial St Stanislaus.

Date Saturday Janu 18 1908

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 8587 Registered No. B 10

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos. B. Taylor

{ Residence, if in Baltimore, Give Street and Number. } .....

C8587

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Canada

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Clerk. —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/17 1908

HARRY O. ADKINS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 16. 1908

I HEREBY CERTIFY, That I attended deceased from May 5 1907 to Jan. 16 1908

that I last saw h-id alive on Jan. 16 1908

and that death occurred, on the date stated above, at 3.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation—

Oedema of Lungs

..... (DURATION) ..... DAYS

Contributory (Primary.) La Grippe

..... (DURATION) ..... DAYS

(Signed) Robt. C. Bay — M.D.

Address Bay View.

Date Jan. 17 1908

Place of Burial Cedar Hill

Date January 17 1908

Undertaker Howard E. Tulley

Address 807 Ridgely St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward V

C 8588 Registered No. B C 8588

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 803 S Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John R Gogin

{Residence, if in Baltimore, Give Street and Number.} 803 S Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Richard Gogain

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Gilgroon

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bell Brothers

(Address) 226 S Milton ave

Filed 1/17 1908

HARRY G. ARMS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 ½ Greene St.

Date 190

Place of Burial Holy Cross Cem

Date Jan 18th 1908

Undertaker Jno A Moran

Address Bank & Arnold

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8589 Registered No. B 102

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital .. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Scales ..

{ Residence, if in Baltimore, Give Street and Number. } Halethorp Md ..

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) England

FULL NAME OF FATHER James Scales

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Bleacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Scales

(Address) Halethorp Md

Filed 1/17 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 17, 1908 ..

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to Jan 17 1908, that I last saw h[illegible] alive on Jan 17 1908, and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Stricture 8

Cerebral Hemorrhage (DURATION) DAYS

(Signed) W. B. Brown M.D.

Address Md. Gen. Hosp.

Date Jan. 17 1908

Place of Burial London Park

Date Jan — 20 — 1908

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C 8590

City of Baltimore, (No. Notre Dame Asguith St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Cleopha Altmueller

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	W.
DATE OF BIRTH	Sept (Month) 8 (Day) 1837 (Year)
AGE	70 years, 5 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	Frederick Altmueller
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Gertrude Fossmann.
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Clarissa

(Address) Notre Dame Asguith

Filed 1/17 190 8

HARRY G. ARNETT, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from for several years 190 to Jan 16 190 8

that I last saw h er alive on 1/ 15 190 8,

and that death occurred, on the date stated above, at 11 M. The CAUSE OF DEATH was as follows:

Chronic Pulmonary Tuberculosis

seven years (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) F. J. Kirby M. D.

Jan 17 190 8 (Address) 110 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Georgetown Provt	Jan 18 190 8
UNDERTAKER	ADDRESS
A. Fink & Son	915 N. Gay

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

27

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 8591

City of Baltimore, (No. Notre Dame Asquith St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sister M. Teresita Bowes

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: February 10th 1861 (Month) (Day) (Year)

AGE: 47 years, 5 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Hessen Germany

FULL NAME OF FATHER: Frank Bowes

BIRTHPLACE OF FATHER (State or country): Hessen Germany

MAIDEN NAME OF MOTHER: Elizabeth Mark

BIRTHPLACE OF MOTHER (State or country): Hessen Germany

OCCUPATION OF DECEASED: Religious - Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Clarissa

(Address) Notre Dame Asquith St

Filed 1/17 1908 HARRY C. ARRETS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 16 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 1907 to Jany 16 1908

that I last saw her alive on Jan 14 1908,

and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory 2 Years

(DURATION) DAYS

(Signed) D. Kirby M. D.

Jany 16 1908 (Address) 1108 Druid Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Govenstown Priest — DATE OF BURIAL: Jan 18 1908

UNDERTAKER: A. Fink & Son — ADDRESS: 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C 8592 Registered No. B

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 713 Hillen St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John Brown

{ Residence, if in Baltimore, Give Street and Number. } 713 Hillen st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 15 1908

AGE: — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto City Md

FULL NAME OF FATHER: Jno Brown

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Sanders

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr J. Brooke Boyle

(Address) 104 E Madison St

Filed 1/17 1908

HARRY O. ... FARMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15th 1908 to Jan 15th 1908 that I last saw h.. alive on Jan 15th 1908 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

Age - 6 hours -

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jno Brooke Boyle M.D.

Address 104 E. Madison St

Date Jan 16th 1908

Place of Burial Holy Cross

Date Jan 17th 1908

Undertaker H. C. Niedefeldt

Address 914 Greenmit Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C 8593 Registered No. B C 8593

CERTIFICATE OF DEATH.

90

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Harry Dent -

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home -

C 8-593

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: Dec. 30, 1907

AGE: ..... years, ... months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Harry Wade

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Regina Dent -

BIRTHPLACE OF MOTHER (State or country): Unknown -

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 1/10 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 17, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 10, 190 to Jan. 16 1908

that I last saw him alive on Jan. 16 1908,

and that death occurred, on the date stated above, at 1.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis, M.D.

Address 1524 N. Caroline St.

Date Jan. 17, 1908

Place of Burial Cathedral Cemetery

Date January 18th 1908

Undertaker Felix B. Joyce.

Address 102 E. Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 C 8594 Registered No. 8 167

CERTIFICATE OF DEATH.

(Place of Death.) No. 125 E. York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nannie Walker

{Residence, if in Baltimore, Give Street and Number.} 125 E York St

Duration of Residence in Baltimore. 9 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH Dont know

AGE 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Oxford Md

FULL NAME OF FATHER John Sherwood

BIRTHPLACE OF FATHER (State or country) Oxford Md

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Dont know

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Walker Husband

(Address) 125 E York St

Filed 1/18 1908

HENRY C. ARMERS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 17 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 8.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Accidently burned to death

..... (DURATION) ..... DAYS

Con ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) C. W. Leonhardt Coroner

Address .....

Date January 17 1908

Place of Burial Mt Auburn Cem

Date Jan 18 1908

Undertaker B. L. Browne & Son

Address 108 N. Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 8595 Registered No. B

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. 1025 Race St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Infant of Clarence & Annie Allen

{Residence, if in Baltimore, Give Street and Number.} 1025 Race St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: November 9. 1907

AGE: — years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Clarence Allen b

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Annie Spriggs b

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Allen b Father

(Address) 1025 Race St

Filed 1/18 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 16 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-pneumonia

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto M. Reinhardt M.D.

Coroner

Address .....

Date January 16 1908

Place of Burial Mt. Auburn St.

Date Jan 18th 1908

Undertaker C. L. Bromwell Son

Address 108 W. Montgomery st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 8596 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1636 N Wolf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Winfield Stanley

{ Residence, if in Baltimore, Give Street and Number. } 1036 N Wolf St C8596

Duration of Residence in Baltimore. 3 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Eastern Shore md

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rodrick Kaise

(Address) Mollie neck aaco md

Filed 1/18 1908

HARRY C. ARNOLD Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1-16- 1908

I HEREBY CERTIFY, That I attended deceased from Nov 26 1907 to Jan 16 1908 that I last saw h sm alive on Jan 15 1908, and that death occurred, on the date stated above, at 6-30 P M. CAUSE OF DEATH (Secondary or Immediate)

paralysis
apoplexy

(DURATION) 36 Hours DAYS

Con tributory (Primary) Heart

(DURATION) 36 Hours DAYS

(Signed) Dr J W Kennard M.D.

Address 708 Broad st

Date 190

Place of Burial Mollie chapel cem aaco md

Date Jan 19th 1908

Undertaker G L Brownell Son

Address 108 N Montgomery St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE

Ward 12 C 8597 Registered No. B 90

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard Fisher.

{Residence, if in Baltimore, Give Street and Number.} 8 W. Conway St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Jan. 17 1908. 1

AGE: 7H years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Fisher

(Address) 8 W Conway St

Filed 1/18 1908 HENRY O. HARRIS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19 1908

I HEREBY CERTIFY, That I attended deceased from Jan 17 1908 to Jan 17 1908 that I last saw him alive on Jan 17 1908, and that death occurred, on the date stated above, at 11:40 a m. CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia

(DURATION) 12 ? DAYS

Contributory (Primary.) pneumonia

(DURATION) 12 ? DAYS

(Signed) O. H. Clough M.D.

Address Johns Hopkins Hospital

Date Jan. 17 1908

Place of Burial Mt Auburn Cem

Date Jan 20th 1908

Undertaker G. L. Brown & Son

Address 108 W. Montgomery St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 8598 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1014 E. North av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma E. Howard

{Residence, if in Baltimore, Give Street and Number.} 1014 E North av

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH — 1851

AGE 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Penna

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER Sarah E. Ellinger

BIRTHPLACE OF MOTHER (State or country) Penna

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac W. Rife

(Address) 1714 St Paul St

Filed 1/18 1908 HARRY C. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17 1908

I HEREBY CERTIFY, That I attended deceased from Jan 16 1908 to Jan 17 1908

that I last saw her alive on Jan 17 1908,

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) one DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) DAYS

(Signed) A. H. Decker M.D.

Address 928 E North av

Date Jan 17 1908

Place of Burial London Park Cemetery

Date January 19" 1908

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C 8599

City of Baltimore, (No. 723 Hanford av ~~St.~~; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary J. Green

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec (Month) 19 (Day) 1868 (Year)

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Gildany

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Brogan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Smith

(Address) 723 Hanford av

Filed 1/18 190 8 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 27 190 8 to Jan 16 190 8

that I last saw h[er] alive on Jan 15 190 8

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Tubercular Pneumonia

DURATION 7 DAYS

Contributory Pulmonary Tb

DURATION ..... DAYS

(Signed) E. H. Hayward M. D.

1/17 190 8 (Address) 1230 N Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Bells Cemetery — DATE OF BURIAL: Jan 21 190 8

UNDERTAKER: C. D. Weidefeld & Bro — ADDRESS: 218

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 Registered No. B C 8600

C 8600

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 1319 N. Carolnie St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Gilchrist Donn

{ Residence, if in Baltimore, Give Street and Number. } 1319 N Carolnie

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 2 1842

AGE 65 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas Gilchrist

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Susan Dickey

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Donn

(Address) 1319 N Carolinest

Filed 1/18 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15 1907 to Jan 17 1908 that I last saw her alive on Jan 17 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Heart Disease — Caused by Rheumatism

One Years (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Wm J. Watson M.D.

Address 2128 St Paul St

Date Jan 17 1908

Place of Burial London Park Cemetery

Date January 20th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.C. 8601

City of Baltimore, (No. 2802 Chapman St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hattie Webridge Tribbe Price

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 27 (Month) (Day) 1907 (Year)

AGE: ..... years, 6 months, 21 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Morris Price

BIRTHPLACE OF FATHER (State or country): Washington DC

MAIDEN NAME OF MOTHER: Lillie H Gould

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE ~~TRUE~~ TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ina L Tribbett

(Address) N. E. Cor. Lafayette & Carrollton Aves

Filed 1/18 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: JAN 17 1908 (Month) (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 11 1908 to JAN 17 1908 190, that I last saw h..... alive on JAN 17 1908 190, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Edema

(DURATION) 1 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Ina L Tribbett M. D.

JAN 18 1908 (Address) N. E. Cor. Lafayette & Carrollton Aves

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Jan 19 1908

UNDERTAKER: Geo J. Smith Co

ADDRESS: W. Fayette

◆ **Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 8602

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 408 E. 22nd St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary D. Wells.

{Residence, if in Baltimore, Give Street and Number.} Same.

C 8602

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 11 1841

AGE: 66 years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Scotland

FULL NAME OF FATHER: Robt. Binnie

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Marion Wilkinson

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. E. Wells

(Address) 408 E. 22nd St.

Filed 1/18 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart Disease

Sweden (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Glenn Smithcamp M.D.

Address 1818 N. Chas

Date Jan 17 1908

Place of Burial Balto. Cemetery

Date Jan. 18 1908

Undertaker Wm. E. Black

Address 223 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 8603

City of Baltimore, (No. 1722 N Pratt St St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emily A Fogmee

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Aug 11th 1859
(Month) (Day) (Year)

AGE 38 years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Eli Lusby.

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah Joiner

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Beaumont

(Address) 1722 N Pratt St.

Filed 1/18 1908 HARRY O. ADDRESS, PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 6th 1908 to Jan 17th 1908 that I last saw her alive on Jan 16th 1908, and that death occurred, on the date stated above, at 10 a M. The CAUSE OF DEATH was as follows:

La Grippe.

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Chas L. Mortimer M. D.

Jan 18th 1908 (Address) 125 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park Cem

DATE OF BURIAL Jan 20 1908

UNDERTAKER Jno B Cook

ADDRESS 1003 N Bond St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 C 8604 Registered No. B C 8604 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 840 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah C Wagner

{Residence, if in Baltimore, Give Street and Number.} 840 W Lombard

Duration of Residence in Baltimore. Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 18 1823

AGE 84 years, 9 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married -

BIRTHPLACE (State or country) Manchester Md

FULL NAME OF FATHER Peter Gettier

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) -

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Phillip Wagner

(Address) 846 W Lombard

Filed 1/18 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 17 1908

I HEREBY CERTIFY, That I attended deceased from Jany 12 1908 to Jany 17 1908 that I last saw h[illegible] alive on Jany 16 1908 and that death occurred, on the date stated above, at 8[15] A. M. CAUSE OF DEATH (Secondary or Immediate.)

Died Suddenly - was alive about 7 A.M. found lifeless at 8[15] - Had been feeble for some years.

(DURATION) DAYS

Contributory (Primary.) La Grippe or Heart Disease

Heart failure endutry (DURATION) DAYS

(Signed) W. F. A. Kemp M.D.

Address 8 W 25th St

Date Jany 17 1908

Place of Burial Western Cemetery

Date January 20 1908

Undertaker D S B Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8605

Registered No. B .....

City of Baltimore, (No. 303 N. Carey St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha Emma Gardner.

PERSONAL AND STATISTICAL PARTICULARS

SEX female

COLOR W. White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Wm Scott

BIRTHPLACE OF FATHER (State or country) Howard Co Md

MAIDEN NAME OF MOTHER Ann B. Stiver

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Warfield Scott

(Address) 303 N Carey St

Filed 1/18 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 15 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 10 1908 to Jan. 15 1908 that I last saw her alive on Jan. 15 1908, and that death occurred, on the date stated above, at 8.10 P. M. The CAUSE OF DEATH was as follows:

Congestion of the Lungs - (DURATION) 1 DAYS

Contributory Lobar Pneumonia (DURATION) 5 DAYS

(Signed) H. Mortimer M. D.

Jan. 16 1908 (Address) 431 N. Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL London Park — DATE OF BURIAL Jan 18 1908

UNDERTAKER D D 13 Cook — ADDRESS 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 8606 Registered No. B ..... C 8606

11

CERTIFICATE OF DEATH.

(Place of Death.) No. 1313 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frances Bonny

{ Residence, if in Baltimore, Give Street and Number. } 722 Bradley St

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: Denis Allen Myers

BIRTHPLACE OF FATHER (State or country): Carroll Co Md

MAIDEN NAME OF MOTHER: Deborah Sims

BIRTHPLACE OF MOTHER (State or country): Carroll Co Md

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John allen Myers

(Address) 722 Brodley st

Filed 1/18 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 17th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(Known to have had Heart Trouble)

Sick Suddenly (DURATION) ..... DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Baccuin M.D.

Address 100 Lay. Ave. (County)

Date Jan. 17th 1908

Place of Burial Mount Auburn

Date Jan 19 1908

Undertaker John H. Ostheim & Son

Address 1022 Bremen st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 10 C 8607 Registered No. B C 8607

95

CERTIFICATE OF DEATH.

(Place of Death.) No. 2320 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cornelius Archer

{Residence, if in Baltimore, Give Street and Number.} 2320 Orleans st

Duration of Residence in Baltimore. 58 Year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: William Archer

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Ready

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Archer

(Address) 2320 Orleans st

Filed 1/18 1908

HARRY O. ARMARS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16 / 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 / 1908 to Jan 16 / 1908 that I last saw h[illegible] alive on Jan 16 / 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(DURATION) 1 DAYS

Contributory (Primary.) Pulmonary Congestion

(DURATION) 2 DAYS

(Signed) H. G. Rorden M.D.

Address 1902 E. Lafayette St

Date Jan 17 / 1908

Place of Burial Baltimore. Cem.

Date JAN 19 1908 190[illegible]

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

Rorden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 8608 C8608 Registered No. B

CERTIFICATE OF DEATH.

93

(Place of Death.) No. St. Vincents Inf Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Beard

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf Asy

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy

(Address)

Filed 1/18 1908 HARRY G. ARMETS, PARLET CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan - 16 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) ..... DAYS

Contributory (Primary) Pneumonia (DURATION) 7 DAYS

(Signed) D Martin M.D.

Address

Date Jan 16 1908

Place of Burial New Cathedral

Date January 18 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 8609 Registered No. B

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy'l St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr. Wagner

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH ..... 1 .....

AGE ..... years, ... months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address)

Filed 1/18 1908 HARRY G. ARMERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan - 17 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Insanition

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) R Martin M.D.

Address

Date Jan - 17 1908

Place of Burial New Cathedral

Date January 19 1908

Undertaker Martin, Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 8610 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jerome Egan

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE ..... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infirmary

(Address)

Filed 1/18 1908 HARRY D. ADKINS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) P J Martin M.D.

Address

Date Jan 17 1908

Place of Burial New Cathedral

Date January 18 1908

Undertaker Martin Kahly & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 8611 Registered No. B 80

CERTIFICATE OF DEATH.

(Place of Death.) No. 1942 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret E. Shipley

{Residence, if in Baltimore, Give Street and Number.} 1942 W. Fayette St

Duration of Residence in Baltimore. 3 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 19 1845

AGE: 62 years, 7 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Carroll County Md

FULL NAME OF FATHER: Randolph Hoops

BIRTHPLACE OF FATHER (State or country): Carroll County Md

MAIDEN NAME OF MOTHER: Sarah Walker

BIRTHPLACE OF MOTHER (State or country): Carroll County Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M. Thorius

(Address) 1947 W. Fayette St

Filed 1/18 1908 HARRY C. ARMES, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 17, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1907 to January 17, 1908

that I last saw h[illegible] alive on Jan. 17, 1908,

and that death occurred, on the date stated above, at 6.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) 3 hours

Contributory (Primary.) Influenza

(DURATION) 14 DAYS

(Signed) Albert L. Chambers M.D.

Address 614 S. Paca St.

Date January 17, 1908

Place of Burial Woodlawn, Carroll Co

Date Jany 19 1908

Undertaker Jos. Sueders, Son

Address 217 S. Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 8612 Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 2219 E. Oliver St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Addie Ziegfeld

{ Residence, if in Baltimore, Give Street and Number. } 2219 E. Oliver St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 19 to 1869

AGE: 38 years, 4 mont's, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Ziegfeld

(Address) 2219 E. Oliver St

Filed 1/18 1908

HENRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 17th, 1908.

I HEREBY CERTIFY, That I attended deceased from October 20th 1907 to Jan 17th 1908

that I last saw her alive on Jan 16th 1908

and that death occurred, on the date stated above, at 9:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

Exhaustion

(DURATION) 2 DAYS

Con'ributery (Primary.) Laryngeal and Pulmonary Tuberculosis (DURATION) 6 Mos

(Signed) Albert D. Singenfeld M.D.

Address 503 E. North Ave.

Date Jan. 17th, 1908.

Place of Burial Loudon Park

Date Jan 19th 1908

Undertaker C. Schlosman & Son

Address 1039 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 8613 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1305 N. Central Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Eva Wright

{Residence, if in Baltimore, Give Street and Number.} 1305 N. Central Ave.

Duration of Residence in Baltimore. Eleven years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 1886

AGE 21 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Levin Wesley Wright

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Georgia Anna Bassett

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgia Wright

(Address) 1305 N. Central Ave

Filed 1/18 1908 HENRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 17 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1906 to Jan. 17 1908

that I last saw her alive on Jan. 17 1908,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 3 DAYS

Contributory (Primary.) Chronic Nephritis & Endocarditis (DURATION) ? DAYS

(Signed) S. Coleman M.D.

Address 129 N. Broadway

Date Jan. 18, 1908

Place of Burial Cambridge Md.

Date 1/18/08 1908

Undertaker J. Henry Horn

Address 1108 Aliceanna.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 C 8614 Registered No. B C 8614

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1817 N. Duncan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anthony Leschefsky

{Residence, if in Baltimore, Give Street and Number.} 1817 N Duncan St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 29 1908

AGE: — years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Leschefsky

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Mary Wiepricht

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Leschefsky

(Address) 1817 N. Duncan

Filed 1/18 1908 HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 17th. 1908

I HEREBY CERTIFY, That I attended deceased from Jan 16th 1908 to Jan 17th 1908 that I last saw h alive on Jan 17th 1908, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. Theurer M.D.

Address 1419 Eager St.

Date Jan 18th 1908

Place of Burial New Cathedral Cem.

Date 1/19/08 190

Undertaker J. Henry & Son

Address 2008 Aisquith

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 15 C 8615 Registered No. B 8615

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1426 Pennsh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence woodlan

{Residence, if in Baltimore, Give Street and Number.} 1426 Pennsh ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR colored

DATE OF BIRTH 1

AGE 1 year, 1 month, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Charles Co Md

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Woodland

(Address) 1426 Pennsh Alley

Filed 1/18, 1904 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 17th 1904

I HEREBY CERTIFY, That I attended deceased from ....1904.... to ....1904....

that I last saw h.... alive on ....1904....

and that death occurred, on the date stated above, at ....

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 14 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Lucas Blackburn M.D.

Address Two Doz. Ave (Corner)

Date Jan. 18th 1904

Place of Burial Cathedral Cemty

Date Jan 18th 1904

Undertaker Hammond & Wright

Address 1964 N Caroy St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8616 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1601 N Arsquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Erhardt Durling

{Residence, if in Baltimore, Give Street and Number.} 1601 N Arsquith St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 9 1874

AGE: 33 years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jacob Durling

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Seyed

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Metal Grinder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1601 Arsquith St.

Filed 1/20 1908 HARRY C. ARNETT, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 17 1908

I HEREBY CERTIFY, That I attended deceased from Nov 4 1907 to Jan 16 1908 that I last saw h[illegible] alive on Jan 16 1908, and that death occurred, on the date stated above, at 9 AM. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Jno Young M.D.

Address 1735 N Broadway

Date Jan 17 1908

Place of Burial Holy Redeemer

Date Jan 20, 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

151

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 8617

Registered No. B.....

City of Baltimore, (No. 2408 E Preston St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Jos. Sellman

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W.

DATE OF BIRTH: June (Month) 15 (Day) 1908 (Year)

AGE: ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Geo Sellman

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Kate Welsh

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G. Sellman

(Address) 2400 E. Preston St

Filed 1/18" 1908

HARRY C. ARNOLD, PARVIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 18 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 6 1908 to June 8 1908 that I last saw h[illegible] alive on June 7 1908, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Intussusception

(DURATION) 6 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) F. J. Powers M. D.

June 8 1908 (Address) 2571 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: 1/18 1908

UNDERTAKER: Crowley Bros — ADDRESS: 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 8618 C 8618 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2405 Fait Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Neck. Nelka.

{ Residence, if in Baltimore, Give Street and Number. } 2405 Fait Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 3 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER John Neck. Nelka.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Teofilia Zakrzostka.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Neck. Nelka.

(Address) 2405 Fait Ave

Filed 1/18" 1908 HARRY O. ARM[illegible], Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 17th 1908

I HEREBY CERTIFY, That I attended deceased from Jany 7th 1908 to Jany 17th 1908 that I last saw her alive on Jany 17th 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion (DURATION) 1 DAYS

Contributory (Primary.) Pneumonia (DURATION) 9 DAYS

(Signed) C. V. Kelly M.D.

Address 2 Hanover st Ext

Date Jany 18 1908

Place of Burial Holy Rosary.

Date Jany 19 1908

Undertaker M J. Sadowski

Address 703 S. Conn St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 8619

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No 2204, Guilford av St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information:"]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edgar Fite

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan (Month) 9th (Day) 1908 (Year)

AGE: ..... years, ... months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Harvey Fite

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Mary r allen

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harvey Fite

(Address) 2204 Guilford av

Filed 1/18" 1908

HARRY O. ANDRES, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 18th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 9th 1908 to Jan 18th 1908 that I last saw h.. alive on Jan 17th 1908, and that death occurred, on the date stated above, at 1.50 A. M. The CAUSE OF DEATH was as follows:

Erysipelas

(DURATION) 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J H Pearce M. D.

Jan 18th 1908 (Address) 2105 Elas av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem | DATE OF BURIAL: Jan 19 1908

UNDERTAKER: H Trickett & Son | ADDRESS: Baltimore Md

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 8620 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2036 Sayler Ct St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 120

Full Name Basil Henderson

{Residence, if in Baltimore, Give Street and Number.} 2036 Sayler Ct.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 54 years, months, days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/18 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 17 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 1130

M. CAUSE OF DEATH (Secondary or Immediate.)

Cr Nephritis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carullner M.D.

Address Corner Md

Date Jan 17 - 08 1908

Place of Burial Mt Zion Cemetery

Date Jan 21st 1908

Undertaker Felix R. Pye.

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 8621 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1126 Bonaside Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Gilbert Fritz

{Residence, if in Baltimore, Give Street and Number.} 1126 Bonaside Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 1st 1906

AGE 1 years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John C. Fritz

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary J. Holmes

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Fritz

(Address) 1126 Bonaside Ave

Filed 1/18" 1908 HARRY G. ARTHUR, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 16. 1908

I HEREBY CERTIFY, That I attended deceased from Jany 2 1908 to Jany 6 1908 that I last saw h alive on Jan 5 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry Smith M.D.

Address 528 Lanvale St

Date Jany 16 1908

Place of Burial Cedar Hill Cem

Date Jan 19 1908

Undertaker Jos. Stuntebeck

Address 1315 Light St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of deceased, and the **cause and date of death.**

Ward 24 C 8622 Registered No. B

CERTIFICATE OF DEATH. 1908

(Place of Death.) No. 112 Gittings St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward E Thompson

{ Residence, if in Baltimore, Give Street and Number. } 112 Gittings St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 5th 1875

AGE 32 years, 5 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George W. Thompson

BIRTHPLACE OF FATHER (State or country) Frederick Md

MAIDEN NAME OF MOTHER Sarah Meison

BIRTHPLACE OF MOTHER (State or country) Frederick Md

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel H Jackson

(Address) 112 E. Gittings st.

Filed 1/18" 1908 HARRY G. ARINGER, Registrar FERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 16th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to Jan 16th 1908 that I last saw h in alive on Jan 16th 1908, and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate)

Parenchymatous Nephritis

3 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 Schaub

Date Jan 17th 1908

Place of Burial Cedar Hill

Date Jan 19th 1908

Undertaker Jos. Stentebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8623 Registered No. B

CERTIFICATE OF DEATH.

9th

(Place of Death.) No. 931 Linden Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Elinor Monroe

{Residence, if in Baltimore, Give Street and Number.} 931 Linden Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 25 1907

AGE: ~~years~~ 3 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): 259 W. Hoffman St.

FULL NAME OF FATHER: A. Eldridge Monroe

BIRTHPLACE OF FATHER (State or country): Charles Co., Md.

MAIDEN NAME OF MOTHER: Mary E. Mudd

BIRTHPLACE OF MOTHER (State or country): Charles Co. Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E Eldridge Monroe

(Address) 931 Linden Ave.

Filed 1/18 1908 HARRY G. ARMS Registrar FARMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 18th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 24 1907 to Jan 18th 1908 that I last saw her alive on Jan 17 1908, and that death occurred, on the date stated above, at 4.a.m. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

Twenty five (DURATION) 25 DAYS

Contributory (Primary.) Cough

Two months (DURATION) 60 DAYS

(Signed) L. B. Evans M.D.

Address 316 N. Paca St.

Date Jan 18, 1908 1908

Place of Burial London Park Cemetery

Date Jan. 18, 1908

Undertaker Henry W. Muse & Son

Address 865 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 8624 Registered No. B 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 249 Bruce Street. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Brogden

{Residence, if in Baltimore, Give Street and Number.} 249 Bruce St.

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Black~~ Female | COLOR Black

DATE OF BIRTH 1

AGE About 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Chas Stewart

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Brogan

(Address) 249 Bruce St

Filed 1/18 1908 HARRY C. ARMSTRONG Registrar
FARMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 5 1908 to January 16 1908

that I last saw h er alive on Jan 15 1908,

and that death occurred, on the date stated above, at 4.23 a.m. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia (double) (DURATION) 4-6 DAYS

Contributory (Primary) La Grippe

(DURATION) 11 DAYS

(Signed) Wm. H. Major M.D.

Address 1373 N. Carey St.

Date Jan. 16 1908,

Place of Burial Harmans Station MD

Date Jan - 19 190

Undertaker H. G. Tichnor & Son

Address Cumberland Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7

C 8625

Registered No. B

CERTIFICATE OF DEATH.

90

(Place of Death.) No. S.E. cor Sharp & Lee Sts. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie M. Boone

{ Residence, if in Baltimore, Give Street and Number. } S. E. cor Sharp & Lee Sts

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Anne Arundel Co.

FULL NAME OF FATHER: Charles Boone

BIRTHPLACE OF FATHER (State or country): Anne Arundel Co

MAIDEN NAME OF MOTHER: Elizabeth Hancock

BIRTHPLACE OF MOTHER (State or country): Anne Arundel Co

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elinor A. Boone

(Address) S.E. Cor Sharp & Lee Sts

Filed 1/18 190 HARRY O. [illegible]
FARMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18 1908

I HEREBY CERTIFY, That I attended deceased from June 14 190 to Jan 17 190 8.

that I last saw h alive on Jan 14 190 8

and that death occurred, on the date stated above, at 4 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) C. Wald King M.D.

Address 603 S Chapel

Date Jan 18 1908

Place of Burial Magothy Church Burying Ground

Date Jan 19 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8626 Registered No. B .....

9v

CERTIFICATE OF DEATH.

(Place of Death.) No. 621 S. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anita B. Donohue

{ Residence, if in Baltimore, Give Street and Number. } 621 S. Montford ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH Nov. 19 1904

AGE 3 years, 2 months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Wm. Donohue

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Annie Frazier

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Frayler

(Address) 1002 Chesapeake

Filed 1/18 1908

HARRY C. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16 1908

I HEREBY CERTIFY, That I attended deceased from Jan 7th 1908 to Jan 16 1908 that I last saw her alive on on Jan 16 1908 and that death occurred, on the date stated above, at 0 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

Cardiac Exhaustion

Cardiac Exhaustion (DURATION) 2 DAYS

Contributory (Primary) Broncho Pneumonia (DURATION) 10 DAYS

(Signed) A P Tumbleson M.D.

Address 2013 Bank st.

Date Jan 16th 1908

Place of Burial St. Patrick's Cem

Date Dec. 19th 1908.

Undertaker John A Moran

Address 1 Bank & Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8627 C8627 Registered No. B

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 2640 Frisby St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Bugan

{Residence, if in Baltimore, Give Street and Number.} 2640 Frisby St.

Duration of Residence in Baltimore. 21 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Carlton Bugan

BIRTHPLACE OF FATHER (State or country): Balto Co.

MAIDEN NAME OF MOTHER: Caroline Myers

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Meter Maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carlton Bugan

(Address) 2640 Frisby St.

Filed 1/18 1908 HARRY O. ANDREWS Registrar
FERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 17th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 18 1907 to Jan 17 1908

that I last saw h in alive on Jan 17 1908,

and that death occurred, on the date stated above, at 1 40 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease

(DURATION) DAYS

Con'tributory (Primary.) Chronic valvular disease heart (DURATION) Years

(Signed) Francis D. McCarran M.D.

Address 416 E. North Ave

Date Jan 17 1908

Place of Burial Baltimore Cemetery.

Date Jan 19 1908

Undertaker Lowbook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 8628 Registered No. B

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1137 York Road St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Elizabeth Hart

{Residence, if in Baltimore, Give Street and Number.} 1137 York Road

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: June 9 1828

AGE: ~~79~~ 79 years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick O'Brien

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Isabella Goff

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Isabella Honeycutt.

(Address) 1137 York Rd.

Filed 1/18" 1908 HENRY C. ADAMS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 17 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 8 1908 to Jan 17 1908

that I last saw her alive on Jan 17 1908

and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 9 DAYS

Con'ributory (Primary.) Influenza

(DURATION) 12 DAYS

(Signed) H.C. Hess MD M.D.

Address Sta H (Evans) Balto Md

Date January 18. 1908

Place of Burial St Johns Cemetery

Date Jan 20/08 190

Undertaker Wm Cook.

Address 502 E. North Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 17 C 8629 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 914 Argyle ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pauline Dorr

{Residence, if in Baltimore, Give Street and Number.} 914 Argyle ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: 1

AGE: 74 years, \ months, \ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Hartge

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Amelia Tschirpe

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Dorr.

(Address) 914 Argyle Av.

Filed 1/18" 1908 H[illegible] O. AMBRUS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17 4 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Jan 17 1908 that I last saw h[illegible] alive on Jan 17 1908 and that death occurred, on the date stated above, at 1040 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 7 DAYS

Con'ributory (Primary.) X

(DURATION) X DAYS

(Signed) X Van Williams M.D.

Address 601 N Curtis Av

Date Jan 18 1908

Place of Burial Loudon Park

Date Jan 20. 1908

Undertaker Wm Cook

Address 2102 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

Registered No. B C 8630

City of Baltimore, (No. 118 Dolphin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Andrew J. Coulter.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Coulter.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Susan Turner

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Well digger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Dusslebuger

(Address) 118 W Dolphin St

Filed 1/18 1908

[illegible] FERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 17th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 10th 1907 to January 17th 1908

that I last saw him alive on Jan. 17th 1908,

and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

La Grippe, with Bronchitis

(DURATION) 7 DAYS

Contributory Senile Heart (DURATION) 7 [illegible] Years

(Signed) Wilmer Brinton, M. D.

Jan. 17th 1908 (Address) Calvert & Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 21 1908

UNDERTAKER: Wm Cook

ADDRESS: 502 E Madison

WM. J. C. DULANY CO., BALTIMORE

Ward ..... C 8631 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Stidham

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 84 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 1/18 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 16 1908

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Jan. 16 1908

that I last saw h alive on Jan. 15 1908

and that death occurred, on the date stated above, at 6 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Senility

..... (DURATION) ..... DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Jan. 16 1908

Place of Burial Laurel cemetery

Date January 18 1908

Undertaker Jos. H. Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

60

CERTIFICATE OF DEATH.

C 8632

Registered No. B.....

City of Baltimore, (No. 227, N. Gilmor St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. Reed Clark

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April (Month) 24 (Day) 1838 (Year)

AGE: 769 years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Wm. Reed Clark

BIRTHPLACE OF FATHER (State or country): St. Marys Co. Md.

MAIDEN NAME OF MOTHER: Sarah Ann Hebb

BIRTHPLACE OF MOTHER (State or country): Delaware

OCCUPATION OF DECEASED: Round House Helper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Eliz. Clark X

(Address) 227 N. Gilmor St

Filed 1/18 1908

HENRY O. ARMENTROUT, Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 17 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 14, 1908 to Jany 15 1908

that I last saw h sm alive on Jany 15 1908,

and that death occurred, on the date stated above, at 2.20 a. m. The CAUSE OF DEATH was as follows:

Chronic Disease Nephritis & Albuminuria

2 yrs (DURATION) ..... DAYS

Contributory Uremia

(DURATION) 3 DAYS

(Signed) J. L. Harper M. D.

Jany 17 1908 (Address) 2207 Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem.

DATE OF BURIAL: Jan. 19 1908

UNDERTAKER: L. Fine McCully

ADDRESS: 39 E. Ford.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C 8633 Registered No. B 114

CERTIFICATE OF DEATH.

(Place of Death.) No. 226 W. Madison St Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Curtis

{ Residence, if in Baltimore, Give Street and Number. } 226 W. Madison St

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 6th 1848

AGE: 59 years, 9 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Somerset Co Maryland

FULL NAME OF FATHER: William Henry Curtis

BIRTHPLACE OF FATHER (State or country): Somerset Co Maryland

MAIDEN NAME OF MOTHER: Mary Taylor Adams

BIRTHPLACE OF MOTHER (State or country): Somerset Co Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rt Rev Bishop A. A. Curtis

(Address) 408 N Charles St

Filed 1/18 1908 HARRY O. ARNOLT PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13th 1908 to Jan 17th 1908

that I last saw her alive on Jan 17th 1908,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of the Liver - Jaundice

One week (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. F. Mulholland M.D.

Address 115 W. Lombard

Date Jan 18th 1908

Place of Burial Pocomoke City Worcester Co Md

Date Jany 20th 1908

Undertaker Hall Contains Home Co

Address 306 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B C 8634 109

CERTIFICATE OF DEATH.

(Place of Death.) No. 2712 N. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jane Eppley

{Residence, if in Baltimore, Give Street and Number.} 2712 N Charles St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 4th 1841

AGE 66 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) York Pa

FULL NAME OF FATHER John H Hyde

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Lydia Raam

BIRTHPLACE OF MOTHER (State or country) Penna

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A Wagner

(Address) 1607 Park Ave

Filed 1/18" 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18th 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1907 to Jan 18th 1908

that I last saw her alive on Jan 15 1908,

and that death occurred, on the date stated above, at 2-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Few days -

(DURATION) DAYS

Contributory (Primary.) Stricture of Rectum

2 years (DURATION) DAYS

(Signed) G. M. Litsinger M.D.

Address 212 N. Franklin St

Date Jan 18th 1908

Place of Burial Ly E Ev mount

Date Jany 21st 1908

Undertaker Wilson Bros Co

Address 300 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

22

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH. C 8635

Registered No. B.....

City of Baltimore, (No. 233 W. Barre St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Nee

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Jan 18th 1908 (Month) (Day) (Year)
AGE	32 years, — months, — days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Carol Co Md
FULL NAME OF FATHER	John Nee
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Lineman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C H Weer

(Address) Sykesville Md

Filed 1/18 1908

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 18 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Jan 18 1908 that I last saw h~~im~~ alive on Jan 18 1908, and that death occurred, on the date stated above, at 4 20 P. M. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) 3 DAYS

Contributory Pneumonia

~~F~~ (DURATION) 15 DAYS

(Signed) E. Buchanan, M. D.

Jan 18 1908 (Address) 526 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Carroll Co Woodstock Md	Jan 20 1908
UNDERTAKER	ADDRESS
Jno. R. Weer	Sykesville Md

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 C 8636 Registered No. B C 8636

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1004 Wagon al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Smith

{Residence, if in Baltimore, Give Street and Number.} 1004 Wagon al

Duration of Residence in Baltimore. 24

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1803

AGE: 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Thomas

(Address) 1132 N. Saratoga St

Filed 1/19 190 8

BARNEY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to Jan 17 1908

that I last saw h[illegible] alive on Jan 16 1908,

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

Ins (DURATION) DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 934 N Fayette

Date Jan 19 1908

Place of Burial National Cem

Date Jan 19 1908

Undertaker Sam'l Chaceton

Address 1100 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 C 8637 Registered No. B

CERTIFICATE OF DEATH.

40

(Place of Death.) No. William David Libby St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

~~Full Name~~ 209 Druid Ave.

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 7 years C8637

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	Jan 29 1853
AGE	54 years, 11 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Carroll Co, Md.
FULL NAME OF FATHER	Wm Henry Libby
BIRTHPLACE OF FATHER (State or country)	Carroll Co, Md
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah C. Libby

(Address) 209 Druid Ave

Filed 1/18 1908

HENRY C. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 18 1908 that I last saw h in alive on Jan 17 1908 and that death occurred, on the date stated above, at 5.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exanition

(DURATION) P DAYS

Con'tributory (Primary) Carcinoma

Pathogno (DURATION) DAYS

(Signed) Henry C Algire M.D.

Address 340 Roland Ave

Date Jan 17 1908

Place of Burial Criders, Balto. Co. Md.

Date Jan 19 1908

Undertaker Wm. E. Chenowith Son

Address 919 - 3rd Ave, Hampton

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8638 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard McMichael

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: * 1

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 1/19 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 16 - 1908

I HEREBY CERTIFY, That I attended deceased from June 18 1907 to Jan 16 1908

that I last saw h~~im~~er alive on Jan. 16 1908

and that death occurred, on the date stated above, at 7 30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Pulmonary Tuberculosis, (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Jan. 16 1908

Place of Burial Sacred Heart

Date Janry 19th 1908

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8639 C8639 Registered No. B C 8639 92

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Ruhl

{ Residence, if in Baltimore, Give Street and Number. } Baltimore, Bay View Insane Hospital

Duration of Residence in Baltimore. ~

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) BAY VIEW ASYLUM.

Filed Jan 19 1908 Registrar

Lamar Hollyday, Supt.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 16 1908

I HEREBY CERTIFY, That I attended deceased from Oct 18 1907 to Jany 16 1908 that I last saw him alive on Jany 16 1908, and that death occurred, on the date stated above, at 12 25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 7 DAYS

Contributory (Primary) Pneumonia

(DURATION) 2 days

(Signed) N M Cummings M.D.

Address B.V.A.

Date Jany 18 1908

Place of Burial Sacred Heart

Date Jany. 19" 1908

Undertaker Everett Spence

Address 18 & 20 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 16 C 8640 Registered No. B C 8640

CERTIFICATE OF DEATH. 10

(Place of Death.) No. 1719 W. Lanvale st St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name George Eckstein

{Residence, if in Baltimore, Give Street and Number.} 1719 W Lanvale St
He lived in Balto all his life
~~1719 W Lanvale St~~ CHS

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wht

DATE OF BIRTH: Aug 17th 1836

AGE: 71 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Geo Eckstein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Street Paver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G Matthews

(Address) 2525 Woodbrook Ave

Filed Jany 9 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 16th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 11 1908 to Jan 15 1908 that I last saw h im alive on Jan 15 1908 and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

La Grippe +
acute Bronchitis

(DURATION) 5 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 1 DAYs

(Signed) Chas. H. Burkhart, M.D.

Address 1100 W Lafayette Ave

Date Jan 18th 1908

Place of Burial Loudon Park

Date Jan 20th 1908

Undertaker A F Philbin

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8641 Registered No. B C 8641

CERTIFICATE OF DEATH.

10

(Place of Death.) No. St. Luke's Hospital 1141-1418 W. North Ave. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name M. Edward Donnegan

{ Residence, if in Baltimore, Give Street and Number. } 2037 N. Calvert St.

Duration of Residence in Baltimore. About one year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Unknown 1863

AGE: 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Louisiana

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Long Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. A. Bunting

(Address) No 6 W North ave

Filed Jany 9 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 15 1908

I HEREBY CERTIFY, That I attended deceased from Jan 14 1908 to Jan 15 1908, that I last saw him alive on Jan 15 1908, and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) La Grippe

(DURATION) DAYS

(Signed) H. U. Deming M.D.

Address St. Luke's Hospital

Date Jan 15 1908

Place of Burial Old Methodist

Date Jan 16 08 1908

Undertaker A. F. Rhudenia

Address 1711 Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ....

CERTIFICATE OF DEATH.

(Place of Death.) No. 410 S. Sharp St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Salvatrici di Vincenzo.

{ Residence, if in Baltimore, Give Street and Number. } 410 S. Sharp St.

Duration of Residence in Baltimore. Life time - C8642

PERSONAL AND STATISTICAL PARTICULARS

SEX F - | COLOR W

DATE OF BIRTH 1-15- 1908

AGE ... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) city.

FULL NAME OF FATHER Cosimo di Vincenzo.

BIRTHPLACE OF FATHER (State or country) Italy.

MAIDEN NAME OF MOTHER Francesca Citrana

BIRTHPLACE OF MOTHER (State or country) Italy -

OCCUPATION OF DECEASED ?

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vincent Citrano.

(Address) 127 W Lee St.

Filed Jan 19 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18 - 1908

I HEREBY CERTIFY, That I attended deceased from 1-16 1908 to 1-18 1908 that I last saw h-r alive on 1-18 1908 and that death occurred, on the date stated above, at 10 a- M. CAUSE OF DEATH (Secondary or Immediate

Cardiac failure -

(DURATION) 3 DA

Contributory (Primary.) Congenital debility (DURATION) 3 DA

(Signed) S. Arnarco M.

Address 1604 Linden Ave

Date 1-18-08 190

Place of Burial St Vincent Cemetery

Date Jan 19 1908

Undertaker M Doyle Sons

Address 17 East Lee St-

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 8643 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 320 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Augusta Kluge

{Residence, if in Baltimore, Give Street and Number.} 320 S. Woodyear St.

Duration of Residence in Baltimore. 76 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 25 1908

AGE 66 years, 3 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER ~~~

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ~~~

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gustav Kluge.

(Address) 320 Woodyear St.

Filed Jan 9 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 17th 1908.

I HEREBY CERTIFY, That I attended deceased from May 10th 1907 to Jan. 17th 1908.

that I last saw h[illegible] alive on Jan. 16th 1908.

and that death occurred, on the date stated above, at 8.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Anasarca

(DURATION) 5 wks. DAYS.

Con'tributory (Primary.) Endocarditis

Chronica (DURATION) 3 yrs. DAYS.

(Signed) Stumpel, M.D.

Address 1103 Valley St.

Date January 18th 1908.

Place of Burial Western Cemetery

Date Jan. 19th 1908

Undertaker Jas & Wm. John H. Teufel

Address 201 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age; condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 8644 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 403 N Fulton Av St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaretha Barrett

{Residence, if in Baltimore, Give Street and Number.} 403 N Fulton Av

Duration of Residence in Baltimore. 60 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 27 1811

AGE 96 years, — months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas Chapman

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Ann —

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Brooke

(Address) 403 N. Fulton Ave

Filed Jan 14 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Jan 17 1908 that I last saw her alive on Jan 17 1908, and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary) old age (DURATION) ? DAYS

(Signed) John E Huelle M.D.

Address 647 W Lombard St

Date Jan 16 1908

Place of Burial Cathedral Cemetery

Date Jan. 20 1908

Undertaker Henry W Means & Son

Address 605 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

13.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

92

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8645

City of Baltimore, (No. 2326 Monroe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Beatrice Jasper

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	10 (Month) ... (Day) 1906 Year)
AGE	1 years, 3 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	not known
BIRTHPLACE OF FATHER (State or country)	not known
MAIDEN NAME OF MOTHER	Pearl Jasper
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Jasper (mark)

(Address) 2326 Monroe St

Filed Jan 19 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 18 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 16 1908 to Jan 18 1908

that I last saw h er alive on Jan 18 1908,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 3 DAYS

Contributory asphyxia

(DURATION) 1 DAYS

(Signed) T. E. Daugherty M. D.

Jan 18 1908 (Address) 1442 Riesterstown

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Jan 20th 1908

UNDERTAKER Felix B Kyle — ADDRESS 102 E Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C 8646 Regist... 1506

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jerome Filden

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Dec. 9, 1907

AGE ..... years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred Pere Hatter Johnson

(Address) St Elizabeth's Home

Filed Jan 19 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 18, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 15 1907 to Jan. 17 1908 that I last saw h.. alive on Jan. 17 1908, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Congenital Heart Disease (Malformation.)

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolyn St.

Date Jan. 18, 1908

Place of Burial Cathedral Cemetery

Date January 19th 1908

Undertaker Felix B. Kaye.

Address 1022 Mulberry st.

WM. T. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 8647 Registered No. B

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 106 N. Perry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isabella Ash

{Residence, if in Baltimore, Give Street and Number.} 106 N. Perry St.

Duration of Residence in Baltimore. 14 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR mulatto

DATE OF BIRTH —

AGE 43 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Ash

(Address) 106 N. Perry St

Filed Jan 19 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 16 1908

I HEREBY CERTIFY, That I attended deceased from Dec 2 1907 to Jan 16 1908

that I last saw h alive on Jan 14 1908

and that death occurred, on the date stated above, at 230 P. M. CAUSE OF DEATH (Secondary or Immediate)

anemia & Exhaustion

Malnutrition of bowels

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Dean M.D.

Address 156 Hamilton Ave

Date Jan. 16 1908

Place of Burial Mt Auburn Cemetery

Date Jan. 19 1908

Undertaker John H. Jenkins

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C 8648 — Registered No. B

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 14. W. York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Hardmon 6

{Residence, if in Baltimore, Give Street and Number.} 14. W. York St

Duration of Residence in Baltimore. 7 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: December 16 1873

AGE: 34 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: Thomas Hardmon 6

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Missouri Horsale 6

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Missouri Brown 6. (mother)

(Address) 606 N. Madeira St

Filed Jan 19 1908

Recd — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 16 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 1.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

... (DURATION) ... DAYS

Con'tributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Otto M. Feinstone M.D.

Address Coroner

Date January 16 1908

Place of Burial Mt Auburn Cemetery

Date Jan 19 1908

Undertaker John A. Joadin

Address 1742 W. Hall St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 8649 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 654 Josephine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. Smith.

{Residence, if in Baltimore, Give Street and Number.} 654 Josephine st.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: col

DATE OF BIRTH: unknown. 1

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, DIVORCED: single.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Augustus Smith.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Rosella Rounds.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Waiter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Jan 19 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16. 1908

I HEREBY CERTIFY, That I attended deceased from 10/24 1907 to 1/10 1908

that I last saw him alive on 1/10 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) ..... DAYS

Con'ributory (Primary) Exhaustion (DURATION) ..... DAYS

(Signed) L E Emmons M.D.

Address 609 W. Saratoga

Date 1/19 1908

Place of Burial Mt Auburn cemetery

Date Jan 19 1908

Undertaker John A Jaadon

Address 1242 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 8650 Registered No. B C 8650

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1139 Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert E. Reed

{Residence, if in Baltimore, Give Street and Number.} 1139 Stockton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: June 19th 1894

AGE: 13 years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Edward Reed

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Hattie Avery

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Reed

(Address) 1139 Stockton St.

Filed Jany 9 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 16th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

..... (DURATION) ..... DAYS

Contributory (Primary.) Uremia from Bright's Disease (DURATION) ..... DAYS

(Signed) Lucian Bascomin M.D.

Address 700 Log. Ave. (Bonus)

Date Jan. 16th 1908

Place of Burial Mount Auburn

Date January the 18 1908

Undertaker JAMES H. DENNIS

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C 8651

City of Baltimore, (No. 558, Baker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Peter E. Kelly.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept 1 1883 (Month) (Day) (Year)
AGE	25 years, 4 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Peter Kelly.
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Kate O'Dea
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. C. Kelly.

(Address) 558 Baker St.

Filed Jan 19 1909

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 17 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1907 to Jan. 17 1908

that I last saw him alive on " " 1908,

and that death occurred, on the date stated above, at 8.30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

About 1 year (DURATION) DAYS

Contributory

General weakness (DURATION) DAYS

(Signed) Chas. C. Conser. M. D.

1/18/08 1908 (Address) 1113 N. Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	Jan 20 1908
UNDERTAKER	ADDRESS
John A Moran	Bank & and

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

Registered No. B C 8652

City of Baltimore, (No. 1945, Herbert St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs A. Barbara Beckmann

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feby 20 1831 (Month) (Day) (Year)

AGE: 76 years, 10 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Mr Schum

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Fiedler

(Address) 1945 Herbert St

Filed Jany 9 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany. 18 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jany. 2 1908 to Jany. 17 1908 that I last saw her alive on Jany 17 1908, and that death occurred, on the date stated above, at 2 a. M. The CAUSE OF DEATH was as follows:

La Grippe

(DURATION) 30 DAYS

Contributory Apoplexy & Paralysis

(DURATION) 10 DAYS

(Signed) Ella Smith M. D.

Jany 18 1908 (Address) 1605 N. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Carmel	Jan 20 1908
UNDERTAKER	ADDRESS
Geo W Little	531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

Ward 13 C 8653 Registered No. B

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 2824 Woodbrook Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marshal Criswell Brinkman

{Residence, if in Baltimore, Give Street and Number.} 2824 Woodbrook Ave.

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 20 1900

AGE 7 years, 10 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Co. Md

FULL NAME OF FATHER Charles J. Brinkman

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Grace G. Criswell

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas J. Brinkman

(Address) 2824 Woodbrook Ave

Filed

Jany 9 1908 Recd

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemmorrhage

Convulsions (DURATION) 1 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) ~~Clinton Cuthbert~~ Coroner M.D.

Address 1818 N. Chas St

Date Jan 17/08 190

Place of Burial Druid Ridge

Date Jan 20 1908

Undertaker Geo W Little

Address 531 N. Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 7 — C 8654 — Registered No. B C 8654

155

CERTIFICATE OF DEATH.

(Place of Death.) No. 1723 Alice Anne St. (If Death occurred in Hospital or institution, give its Name Instead of Street and Number.)

Full Name Bronislawa Pasko

{ Residence, if in Baltimore, Give Street and Number. } 1723 Alice Anne St.

Duration of Residence in Baltimore. 3 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 18 1888

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER Stanislaw Lisiwicki

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Mary Lisiwicki

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Pasko

(Address) 1723 Alice Anne St

Filed Jan 19 1908 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Suicide By Paris Green

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 ½ Greene St.

Date 190

Place of Burial St Stanislaus

Date Jan 20 1908

Undertaker Jos Zborowski

Address 1703 Alice Anne St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8655 Registered No. B C 8655

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 1125 Argyle Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Perry P. Clark

{Residence, if in Baltimore, Give Street and Number.} 1125 Argyle Ave.

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: August 22nd 1850

AGE: 57 years, 7 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Talbot Co Md

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sumner G. Clarke

(Address) 1125 Argyle Ave

Filed Jan 14 1908 Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 17th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1908 to Jan. 17 1908

that I last saw h[illegible] alive on Jan. 16 1908 7.30

and that death occurred, on the date stated above, at a.m. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 7 DAYS

Contributory (Primary) Cardiac dilatation (DURATION) [illegible]

(Signed) Wm. J. Carr, Jr. M.D.

Address 515 N. Mother St.

Date Jan. 17th 1908

Place of Burial Mt Auburn Cemetery

Date January 20th 1908

Undertaker Charles G. Bailey

Address 1421 Jefferson St E

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH

Ward 17 C 8656 C8656 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 107 Pennsylvania Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lena Kirch

{Residence, if in Baltimore, Give Street and Number.} 1021 Pennsylvania Ave

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1901

AGE ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Morris Kirch

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Dora Forman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: .....

(Address) .....

Filed Jan 19 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 18 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) R. F. Martin M.D.

Address .....

Date Jan 19 1908.

Place of Burial Rosedale Cemetery

Date Jan 19 1908

Undertaker John F. Hunt & Co

Address 9422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 20

Registered No. B C8657

CERTIFICATE OF DEATH.

93

Place of Death. No. 122 Ropewalk Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Bennett

{Residence, if in Baltimore, Give Street and Number.} 122 Ropewalk Lane

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: ~

BIRTHPLACE OF FATHER (State or country): ~

MAIDEN NAME OF MOTHER: ~

BIRTHPLACE OF MOTHER (State or country): ~

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Sisco

(Address) 1205 Clarkson

Filed Jan 19 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 17 1908

I HEREBY CERTIFY, That I attended deceased from Jan 17 1908 to Jan 17 1908

that I last saw h[er] alive on Jan 17 1908,

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 1 DAYS

Contributory (Primary.) Acute Pneumonia

(DURATION) 5 DAYS

(Signed) Robt. L. P. Elliott M.D.

Address 1318 S. Paca St.

Date Jan 18 1908

Place of Burial Mt Auburn

Date Jan 20 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C8658

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1231 Edwards St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Savoy

{ Residence, if in Baltimore, Give Street and Number. } 1231 Edwards St

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1.....

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John F Savoy

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Suggie Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Savoy

(Address) 1231 Edward

Filed Jany 14 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 17 1908

I HEREBY CERTIFY, That I attended deceased from Nov 15 1907 to Jan 17 1908

that I last saw h alive on Jan 15 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Pulmonalis

(DURATION) 6 Mo

Contributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) P. E Lilly M.D.

Address

Date 190

Place of Burial Laurel Cemetery

Date Jan 19 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 9 C 8659 Registered No. B

CERTIFICATE OF DEATH. 93

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Houston

{Residence, if in Baltimore, Give Street and Number.} 1911 Ausquith St

Duration of Residence in Baltimore. 7;

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Jones

(Address) 506 Rogers Ave

Filed Jan 14 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 14 1908

I HEREBY CERTIFY, That I attended deceased from Jan 7 1908 to Jan 14 1908

that I last saw him alive on Jan 14 1908

and that death occurred, on the date stated above, at 6 10

M. CAUSE OF DEATH (Secondary or Immediate.)

(DURATION) DAYS

Contributory (Primary.) Pneumonia (DURATION) DAYS

(Signed) P McGough M.D.

Address Johns Hopkins Hosp

Date January 14 1908

Place of Burial Laurel Cemetery

Date Jan 19 1907

Undertaker R St Ellis

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eight hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 8660

CERTIFICATE OF DEATH

(Place of Death.) No. 603 E Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin Rose

{Residence, if in Baltimore, Give Street and Number.} 603 E Lexington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ~ years, 21 months, ~ days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Wolfe Rose

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Katie Cohen

BIRTHPLACE OF MOTHER (State or country) Russia.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wolf Rose

(Address) 603 E Lexington st

Filed 1/19 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 18 1908 to Jan 18 1908

that I last saw him alive on Jan 18 1908

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary

Cardiac failure

(DURATION) 1 DAYS

Contributory (Primary.) Diphtheria

(DURATION) 1 DAYS

(Signed) G. L. Benton, M.D.

Address 222 E. Cross St

Date Jan 18 1908

Place of Burial Hebrew Roarsdale Cemetery

Date Jan 19, 1908

Undertaker Max Levin

Address 1620 Mc Elderry

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 8661

CERTIFICATE OF DEATH.

(Place of Death.) No. 204 E. Randall St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John F. Mc. Gonigle

{Residence, if in Baltimore, Give Street and Number.} #204 E. Randall St.

Duration of Residence in Baltimore. 37 years 7 months 18 days

SECTION 2. And be it enacted, That it shall be the duty of the Physician who shall attend the last sickness of any person who shall die in the said city it shall be notice, to furnish within eight hours after death, to the Registrar of Vital Statistics, at his office, the information required by this ordinance, when the case comes under his setting forth, as far as the same may be known to him, the name, sex, color, age, residence, occupation, birthplace, and the cause and circumstances of death of the deceased, and the name of the undertaker who buried the body; and in case the deceased was a married woman, the name of her husband; and in case of a minor, the name of the parent, guardian or superintending the burial, a certificate deceased, and the cause and circumstances of death of the deceased, and the name of the undertaker who buried the body; and in case the deceased was a married woman, the name of her husband (or single) of the person

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 25th 1870

Yrs, 7 months, 18 days

MARRIED, WIDOWED OR DIVORCED Married

(City or County) Balto city

FULL NAME OF FATHER John McGonigle

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Francis Radford

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Brush Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph F. McGonigle

(Address) #1248 William St

Filed 1/19 1900

HARRY G. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jun 17 19

I HEREBY CERTIFY, That I attended deceased from Jun 15 1900 to Jun 17 1900

that I last saw him alive on Jun 17 1900

and that death occurred, on the date stated above, at P M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

Indefinite (DURATION)

Contributory (Primary.)

(DURATION)

(Signed) Harry Gross

Address 909 Cathedral

Date Jan 19

Place of Burial Bonnie Brae Cemetery

Date Jan 20th

Undertaker John J. F

Address 1232-36

WM. J. C. DULANY CO., BALTIMORE.

C 8662
thru
C 8664
missing

SECTION 2. *And be it further* ... the duty of the Physician who atten... notice, to furnish within **eighteen** ... setting forth, as far as the same ca... deceased, and the **cause and dat...** ... cted and ordained*,* That whenever an... during his or her last sickness, o... **after death,** to the Und...rtaker, or ot... rtained, the **full nam..., sex, age, co... condition** (whether married or single) of the person ... any person shall die in the said city it shall be ... ss, or the Coroner, when the case comes under his ... or other person superintending the burial, a certificate

HE... JEP...

Ward 5 C...

CERTIFICA...

(Place of Death.) No. 212 Half M...

Full Name ...

{ Residence, if in Baltimore, Give Street and Number. } 2... ...d.

Duration of Residence in Baltimore. ...

C 8665

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Black

DATE OF BIRTH ... 1886

AGE 22 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Charles C. Scott

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary E Corey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora A. Richardson

(Address) 126 Chestnut

Filed 2/3 1908

... O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 1st 19...

I HEREBY CERTIFY, That I attended deceased fr... Jan. 28 1908 to Feb 1st 1908

that I last saw her alive on ... 1908

and that death occurred, on the date stated above, at ... P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 10 DAYS

Contributory (Primary) Same

(DURATION) DAYS

(Signed) J. L. Winner M.D.

Address 1735 Bank st

Date 2-1- 1908

Place of Burial Laurel

Date February 3 1908

Undertaker R T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 F C 8666 Registered No. B C 8666

CERTIFICATE OF DEATH.

(Place of Death.) No. U.S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Pfeiffer

{Residence, if in Baltimore, Give Street and Number.} Marine Hospital

Duration of Residence in Baltimore. 75 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Negro

DATE OF BIRTH: 1

AGE: 22 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Williams

(Address) U.S. Marine Hosp.

Filed 1/19 1908

HENRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 19 1908

I HEREBY CERTIFY, That I attended deceased from December 26 1907 to January 19 1908 that I last saw him alive on January 19 1908 and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Double Emphysema

(DURATION) DAYS

Contributory (Primary) Influenza & Pneumonia

(DURATION) DAYS

(Signed) L. L. Williams M.D.

P.H.S.

Address U.S. Marine Hospital

Date January 19 1908.

Place of Burial Laurel Cemetery

Date Jan 1908

Undertaker H. C. Flanders

Address 17 S Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 8667 Registered No. B 8667

CERTIFICATE OF DEATH. 92

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Dr Edward Jacobs

{Residence, if in Baltimore, Give Street and Number.} Church Home & Infirmary

Duration of Residence in Baltimore. 11 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1817

AGE: 90 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Anne Arundel Co

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. C. Trenkstein

(Address) C. H. & I.

Filed 1/19 1908 [illegible] PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 18 1908

I HEREBY CERTIFY, That I attended deceased from January 8 1908 to January 18 1908 that I last saw h im alive on January 18 1908, and that death occurred, on the date stated above, at 4.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Charles H. Stubenrauch M.D.

Address Church Home & Infirmary

Date January 18 1908

Place of Burial Chaney Md

Date Jan 20 1908

Undertaker H. C. Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 24 C 8668 Registered No. B C 8668

CERTIFICATE OF DEATH.

167

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lydia Schmiak

{Residence, if in Baltimore, Give Street and Number.} 1124 Lowson.

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH June 20 1901

AGE 6 years, 5 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) N.Y.

FULL NAME OF FATHER Conrad Schmiak

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Catharine Gucko

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) by Mr Conrad Schmiak

(Address) 1124 Lowson St

Filed 1/19 1908

HARRY G. ANDREWS, FERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Burns of body (accidental)

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Carruthers M.D.

Address Coroners Dept

Date Jan 19 1908

Place of Burial Greenmount Cemetery

Date Jan 21 1908

Undertaker Louis Heumann

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C 8669 Registered No. B C 8669

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1720 Abercrombie St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wladislaw Kmiecik

{Residence, if in Baltimore, Give Street and Number.} 1720 Abercrombie st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: — years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Jos Kmiecick.

BIRTHPLACE OF FATHER (State or country): Balto Md,

MAIDEN NAME OF MOTHER: Mary Przybol,

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Kmiecick.

(Address) 1720 Abercrombie St

Filed 1/19 190 8

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190— to ——— 190—

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at ———

11. CAUSE OF DEATH (Secondary or Immediate) Immition

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Cramm M.D.

Address 3204 Greene St.

Date JAN 19 1908 190—

Place of Burial Holy Rosary, 830 am

Date JAN 20 1908 190 8

Undertaker M. F. Sadowski

Address 903 S. Conkling St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8670 Registered No. B ..... C 8670

CERTIFICATE OF DEATH.

167

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Julia Brown

{Residence, if in Baltimore, Give Street and Number.} 2116 Lanvale St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~ W

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Unk

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Unk

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/19 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 18 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Burns of body.
accidental

(DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Fredk Carullen M.D.

Address Coroners Office

Date Jan 18 — 08 190

Place of Burial St Stanislaus

Date Monday Jany 20 190 9
8 am

Undertaker M F. Ludowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 8671 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1115 Bowen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian F. Wolfe

{Residence, if in Baltimore, Give Street and Number.} 1115 Bowen St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 9, 1907

AGE: — years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Wm. Jos. Wolfe

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Grace Pearman

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry E. Hackett

(Address) 412 W. Pattenson Park Ave.

Filed 1/19 "08

HARRY O. ANDREAE Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH * Jan. 16, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1908 to Jan. 16, 1908 that I last saw her alive on Jan. 16, 1908, and that death occurred, on the date stated above, at 9-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-Colitis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) J. C. Simpkins M.D.

Address 653 Columbia Ave.

Date Jan. 16, 1908

Place of Burial Cedar Hill Cem

Date Jan 20th 1908

Undertaker Robt Brooks & Son

Address Calhoun & Hollins Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W. C 8672 Registered No. B C 8672

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 704 W. Lombard St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Moses Goldberg

{Residence, if in Baltimore, Give Street and Number.} 704 W. Lombard Street

Duration of Residence in Baltimore. 2 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 66 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Benjamin Goldberg

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Abramowitz

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. Lichenstein

(Address) 704 W Lombard st

Filed 1/20 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 19th 1908

that I last saw him alive on Jan 16 1908,

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malignant Disease of Liver (Prob. Sarcoma). Duration unknown - Jaundice last week Obstruction of bowel.

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Dr. Lichenstein M.D.

Address 1126 Cathedral St.

Date Jan. 20th 1908

Place of Burial Nebus Philips Rd Roudale

Date Jan. 20, 1908

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 8673 Registered No. B C 8673

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1006 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert W. Warkstrum

{Residence, if in Baltimore, Give Street and Number.} 1006 N. Washington st

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH May 14 1905

AGE 2 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Gus Warkstrum

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Nellie Gaff

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs. Nellie Gaff

(Address) 1006 N. Washington

Filed 1/20 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 17 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 8 1908 to Jan. 17 1908 that I last saw h im alive on " " 1908 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Double pneumonia

(DURATION) 11 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date January 18 1908

Place of Burial Holy Redeemer

Date Jan 20 1908

Undertaker J. O. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 8674 Registered No. B C 8674

CERTIFICATE OF DEATH.

116

(Place of Death.) No. 741 McHenry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Lare

{ Residence, if in Baltimore, Give Street and Number. } 741 McHenry St.

Duration of Residence in Baltimore. Thirty five Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 10 Sept 1824

AGE: 84 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: George Lare

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Susan Lloll

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lottie Painter

(Address) 741 McHenry St

Filed 1/20 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 18th 1908

I HEREBY CERTIFY, That I attended deceased from Janry 6th 1908 to Janry 17th 1908 that I last saw h[er] alive on Janry 17th 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

— (DURATION) 12 DAYS

Contributory (Primary.) Acute Indigestion

(DURATION) 2 DAYS

(Signed) John [illegible] M.D.

Address 61 N Hamilton Ave

Date Janry 18th 1908

Place of Burial Loudon Park

Date Jan 20 1908

Undertaker Josiah Lyter

Address 1600 W North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C 8675 — Registered No. B C 8675

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Ball- Pulverizing Co ft of President- St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Boon (Boom)

{Residence, if in Baltimore, Give Street and Number.} 1929 Woodbrook Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1856

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Boon

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James M Boon

(Address) 1929 Wallbrook Ave

Filed 1/20 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 18 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h— alive on 190,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Thomas Sudlow M.D.

Address 3202 Greene St

Date 190

Place of Burial Baltimore Cemetery

Date Jan 21 1908

Undertaker Josiah Sifer

Address 1600 N Gilmor Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 9 HEALTH DEPARTMENT C 8676 Registered No. B C 8676

CERTIFICATE OF DEATH.

(Place of Death.) No. 1750 Hoffman Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Saml Robinson

{Residence, if in Baltimore, Give Street and Number.} 1750 Hoffman Pl

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE ..... years, 2½ months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER John A. Robinson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sara A. Stanton

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Robinson

(Address) 1750 Hoffman Place

Filed 1/20 1908 HARRY O. ARTHURS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18- 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Sudden

(DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Joseph Carruthers M.D.

Address Coroner

Date Jan 18- 08 1908

Place of Burial Laurel Cemetery

Date Jan 20- 1907

Undertaker J. R. Schlicht

Address 606 Rutgers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

C 8677 Registered No. B C 8677

108

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Wm. Gallery.

{Residence, if in Baltimore, Give Street and Number.} 734 W. Franklin St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH 1

AGE 29 years, mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER — — —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant L. E. Black

(Address 857 W. Fayette St

Filed 1/20 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 18th 1908.

I HEREBY CERTIFY, That I attended deceased from Jan. 4th 1908 to Jan. 18th 1908 that I last saw h im alive on " " 1908, and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Immediate, Peritonitis

(DURATION) DAYS

Con ributory (Primary.) Strangulated Hernia. ✓

(DURATION) DAYS

(Signed) L. E. Black M.D.
Pst. S.P. Strong M.D. Med. Insp.

Address 857 W. Fayette St

Date Jan. 18th 1908

Place of Burial Holy Cross Cem

Date Jan 20th 1908

Undertaker H. C. Brauning

Address 5-8 Appleton St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

C 8678

Ward 11

Registered No. B C 8678

41

CERTIFICATE OF DEATH.

(Place of Death.) No. 29 West Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Hilmer

{Residence, if in Baltimore, Give Street and Number.} 29 West Biddle St

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 4 1834

AGE 73 years, 3 months, 15 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) New Jersey

FULL NAME OF FATHER Rev. Wm R. Whittingham

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Mary A. Whittingham

BIRTHPLACE OF MOTHER (State or country) New Jersey.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. R. Hilmer

(Address) 29 West Biddle St

Filed 1/20 1908

HARRY O. ADDRESS, FAIRLIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1907 to Jan 19 1908 that I last saw h er alive on Jan 18 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Rectum

(DURATION) 1 yr DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E Downs M.D.

Address 1733 Linden Ave

Date Jan 19th 1908

Place of Burial Greenmount Cem

Date January 21st 1908

Undertaker Henry W Jenkins & Son Co

Address 300 N. Madison St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 11

C 8679 Registered No. B 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1003. N. Calvert St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie L. Adams

{Residence, if in Baltimore, Give Street and Number.} # 1003 N. Calvert Street.

Duration of Residence in Baltimore. 5 WEEKS.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 3d 1836

AGE: 71 years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore City.

FULL NAME OF FATHER: Thomas Henry Fisher

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Louisa Turner Phillips

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alvin T. Adams

(Address) 1003. N. Calvert St.

Filed 1/20 1908 HARRY O. ARTHURS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 19 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2" 1908 to Jan 19 1908 that I last saw h-r alive on Jan 18 1908, and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Grippe, Mastoid abscess, Empyema (DURATION) 7 DAYS

(Signed) Henry B Thomas M.D.

Address 1007 Cathedral St

Date Jan. 19" 1908

Place of Burial London Park Cemetery

Date January 22" 1908

Undertaker Hy W. Jenkins Sons Co

Address 300 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 22 C 8680 Registered No. B C 8680

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 103 West Hill St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Spies

{Residence, if in Baltimore, Give Street and Number.} 103 West Hill St

Duration of Residence in Baltimore. Born in Baltimore

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 17 1853

AGE: 54 years, 6 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: George H. Spies

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Fannie D. Matthews

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie D. Spies (mother)

(Address) 103 W. Hill St

Filed 1/20 1908 HARRY O. ARTHERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18th 1908

I HEREBY CERTIFY, That I attended deceased from Nov" 1907 to Jan 18th 1908 that I last saw h[er] alive on Jan 17 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Mitrae

Syncope with Suppression of Urants action

(DURATION) DAYS

Contributory (Primary.) Mitral Regurgitation (DURATION) DAYS

(Signed) Arthur D. Mansfield M.D.

Address 1718 Broadway

Date Jan 19th 1908

Place of Burial LOUDON PARK.

Date JAN 21 1908 190

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C 8681

City of Baltimore, (No. 1635, Frederick Ave. st.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Rausch

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April 25 (Month) (Day) 1840 (Year)
AGE	67 years, 8 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	✓
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	✓
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rohle

(Address) 1635 Frederick Ave

Filed 1/20 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 18, 1908. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1908 to Jan. 17, 1908

that I last saw her alive on Jan. 17, 1908,

and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Tuberculosis

(DURATION) — DAYS

Contributory —

(DURATION) — DAYS

(Signed) E. A. Dickey M. D.

Jan. 18, 1908 (Address) 14 N. Monroe St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan 20 1908
UNDERTAKER	ADDRESS
Mrs Andrew Rohleder	730 Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 C 8682 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 527 E. Fork Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James N. Daugherty

{Residence, if in Baltimore, Give Street and Number.} 527 E. Fork Av.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	Sept 21 1902
AGE	5 years, 3 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	Henry A. Daugherty
BIRTHPLACE OF FATHER (State or country)	Somerset Co. Md.
MAIDEN NAME OF MOTHER	Nora Wheeler
BIRTHPLACE OF MOTHER (State or country)	Port Deposit Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry A Daugherty

(Address) 527 E Fork Av.

Filed 1/20 1908 HARRY O. ANDREWS, CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 17 1908

I HEREBY CERTIFY, That I attended deceased from Jan 17 1908 to Jan 17 1908 that I last saw him alive on Jan 17 1908, and that death occurred, on the date stated above, at 8:20 P. M. CAUSE OF DEATH (Secondary or immediate)

Convulsions

(DURATION) 3 hours DAYS

Contributory (Primary.) Acute Indigestion (DURATION) 24 hours DAYS

(Signed) Robt. P. P. Schmidt M.D.

Address 1318 N. Charles St

Date Jan 18 1908

Place of Burial Loudon Hill

Date Jan 20 1908

Undertaker E O Fanning

Address 1760 Battery Av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7K C 8683 Registered No. B C 8683

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 681 E. Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan McNeal

{Residence, if in Baltimore, Give Street and Number.} 681 E. Clemeant st

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 21 1844

AGE: 63 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER: Michael Hartman

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Catherine Clemens

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Dashields

(Address) 681 E. Clement

Filed 1/20 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 18 1908

I HEREBY CERTIFY, That I attended deceased from Nov 21 1907 to January 18 1908

that I last saw her alive on Jany 18 1908,

and that death occurred, on the date stated above, at 3-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of Heart with Aortic Aneurism

(DURATION) 60 DAYS

Con'tributory (Primary.) Unknown

& two. (DURATION) DAYS

(Signed) Wm H Wiley M.D.

Address 1 W Mt Vernon Pl

Date January 20th 1908

Place of Burial Cedar Hill

Date Jan 21 1908

Undertaker Edward D. Lansing

Address 1460 Battery Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 8684 Registered No. B C 8684

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1209 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Redding

{Residence, if in Baltimore, Give Street and Number.} 1209 Greenmount Ave

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 58 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thos. Lane

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Donahue

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 1209 Greenmt Ave

Filed 1/20 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1908

I HEREBY CERTIFY, That I attended deceased from Dec 23 1907 to Jan 19 1908 that I last saw h-r alive on Jan 19 1908 and that death occurred, on the date stated above, at 1 — M. CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia followed by Bronchopneumonia

(DURATION) DAYS

Contributory (Primary.) Influenza

(DURATION) DAYS

(Signed) James M Kenedy M.D.

Address 710 E Chase St

Date Jan 19 1908

Place of Burial Cathedral

Date Jan 21 1908

Undertaker H. C. Windefeld

Address 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 8685 Registered No. B C 8685

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary Wing

{ Residence, if in Baltimore, Give Street and Number. } 1129 McElderry

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Bagby

(Address) Hebrew Hospital

Filed 1/20 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 8 1908 that I last saw h.. alive on Jan 8 1908, and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis & Mitral Regurgitation

(DURATION) DAYS

Contributory (Primary.) La Grippe

(DURATION) 3 DAYS

(Signed) Charles Bagby M.D.

Address Hebrew Hospital

Date Jan 19 1908

Place of Burial Hebrew Friendship Cem

Date Jan 20 08 1908

Undertaker Hart & Goodheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. B C 8686

C 8686

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1413 Mt. Royal Avenue St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Christopher Stein

{Residence, if in Baltimore, Give Street and Number.} 1413 Mt Royal Avenue

~~Duration of Residence in Baltimore.~~ Fifteen Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 7th 1813

AGE 94 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Stein

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ___

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin A. Stein

(Address) 1413 Mt Royal Ave

Filed 1/20 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 28th 1907 to Jan 18th 1908

that I last saw him alive on Jan 17th 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate

Old age

(DURATION) DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) Annie W Marchant M.D.

Address 1411 Mt Royal Ave

Date Jan 18th 1908

Place of Burial Druid Ridge

Date Jan 20 1908

Undertaker J. Thorneloe

Address 1524 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 8687 Registered No. B C 8687

CERTIFICATE OF DEATH.

79

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Place of Death.) No. 2608 Jefferson St.

Full Name Louisa A. Tormollen

{Residence, if in Baltimore, Give Street and Number.} 2608 Jefferson st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH April 12 1859

AGE 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Edward Groman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Frederika Stuman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John C. Tormollen

(Address) 2608 Jefferson st

Filed 1/20 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 20th 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to Jan 20 1908

that I last saw h- alive on Jan 19 1908

and that death occurred, on the date stated above, at 3 45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) 3 DAYS

Contributory (Primary.) Myocarditis

Mitral Insuff (DURATION) 3 DAYS

(Signed) H. H. Ryton M.D.

Address 22.6 E. Monument St

Date 1/20 1908

Place of Burial Emmanuel Cemetary

Date January 22 nd 1908

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 8688 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2226 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Hohman

{Residence, if in Baltimore, Give Street and Number.} 2226 E. Monument st

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: August 15 1832

AGE: 75 years, 5 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George A. Hohman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Kuhn

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shoe Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Hohman

(Address) 2226 E. Monument St

Filed 1/20 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 18th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 7/ 01 190 to Jan 18 1908 that I last saw him alive on Jan 17 1908, and that death occurred, on the date stated above, at 12 A M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 4 DAYS

Contributory (Primary.) Chr. Parenchymatous Nephritis (DURATION) ? DAYS

(Signed) A. G. Ryticus M.D.

Address 2204 E. Monument St

Date Jan 19 1908

Place of Burial Holy Redeemer Cemetery

Date January 21 1908

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8689 Registered No. B ..... C 8689

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CERTIFICATE OF DEATH.

(Place of Death.) No. 510 N. Madaira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christian Hennick

{ Residence, if in Baltimore, Give Street and Number. } 510 N. Madaira st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF ~~BIRTH~~ April 12 1889

AGE 18 years, 8 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER James F. Hennick

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Katie Keebler

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED Driver.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F. Hennick

(Address) 510 N. Madaira St

Filed 1/20 1908 HARRY G. ANDREWS PARLIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 16 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1.35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull

(Homicide)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Dr. Geo. Carnthers M.D.

Address Corner Druid

Date Jan 18 — 08 190

Place of Burial Oak Lawn Cemetary

Date January 20th 1908

Undertaker Christian Miller

Address 2334 Jefferson st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8690

City of Baltimore, (No. 1534, Shields al St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph W. Tasker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: Oct 1 (Month) (Day) 1905 (Year)

AGE: 2 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Malcolm A Tasker

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Francis E Smith

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Malcolm A Tasker

(Address) 1534 Shields Ave

Filed 1/20 1908

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 19th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 13th 1908 to Jan 19th 1908

that I last saw h[illegible] alive on Jan 18th 1908,

and that death occurred, on the date stated above, at 4.30 a. m. The CAUSE OF DEATH was as follows:

Broncho pneumonia (DURATION) DAYS

Contributory Rickets. (DURATION) DAYS

(Signed) J Mayfield Wilson M. D.

Jan 19th 1908 (Address) 810 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Hill

DATE OF BURIAL: Jan 21 1908

UNDERTAKER: Jno. H. Shacklett

ADDRESS: 700 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 C 8691 Registered No. B C 8691

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 310 S Pobblin St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Leo P Gately

{Residence, if in Baltimore, Give Street and Number.} 310 S Poppleton st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 18 1908

AGE: — years, — months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Gately

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary McLaughlin

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Gately

(Address) 310 S Poppleton st.

Filed 1/20 1908

HENRY J. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1908

I HEREBY CERTIFY, That I attended deceased from Jan 18 1908 to Jan 18 1908 that I last saw him alive on Jan 18 1908 and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate

Premature Birth (6 mo)

(DURATION) 1 DAY

Contributory (Primary.) Exhaustion

(DURATION) 1 DAY

(Signed) J E Hume M.D.

Address 835 Columbia

Date Jan 19 1908

Place of Burial Holy Cross

Date Jan 20th 1908

Undertaker John J Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 8692 Registered No. B C 8692

45

CERTIFICATE OF DEATH.

(Place of Death.) No. 39 Friendship (Waverly) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza Ann Meeds.

{Residence, if in Baltimore, Give Street and Number.} 30 Friendship St. Waverly

Duration of Residence in Baltimore. 59 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —— 1

AGE 72 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widow.

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Henry Richardson

BIRTHPLACE OF FATHER (State or country) ——

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) ——

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary C. Meeds.

(Address) 30 Friendship St.

Filed 1/20 1908 HARRY O. ARTHURS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 18 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1907 to Jan. 18 1908

that I last saw h— alive on Jan. 16 1908

and that death occurred, on the date stated above, at 5.20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Asthma

3 months (DURATION) DAYS

Con'tributory (Primary.) Carcinoma

1 year (DURATION) DAYS

(Signed) John L. Kuhn M.D.

Address 928 Gorsuch Ave

Date Jan. 18 1908

Place of Burial Mt Carmel Cemetery

Date Jany 20th 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 8693 Registered No. B C 8693

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Lunak.

{ Residence, if in Baltimore, Give Street and Number. } 1012 N. Castle St

Duration of Residence in Baltimore. 14 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: female | COLOR: White

DATE OF BIRTH: 1

AGE: 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Albert Borach

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emil Lunak

(Address) 1012 N. Castle St

Filed 1/20 1908 HARRY O. ARMES, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 18, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 17 1908 to Jan. 18 1908 that I last saw her alive on Jan. 18 1908, and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

~~Immediate~~

Uraemia

(DURATION) ? DAYS

Contributory (Primary.) Nephritis

(DURATION) ? DAYS

(Signed) Eugene L. Passagno M.D.

Address St Joseph's Hosp

Date Jan. 18 1908

Place of Burial Oakhill Bohemian Cem

Date Jan 21 1908

Undertaker Wm Cook

Address 1826 Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8694

Registered No. B .....

City of Baltimore, (No. 631 N. Carey St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Annie Kean Vinnow

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan (Month) 15 (Day) 1838 (Year)

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Marshall

(Address) Safe Deposit & Trust Co

Filed 1/20 1908 HARRY J. BRUNST Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 19th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 13th 1908 to January 19th 1908 that I last saw her alive on Jan. 12th 1908, and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

"La Grippe"

(DURATION) 6 DAYS

Contributory (Mental Worry Related) Chronic Heart Disease (DURATION) 15 Years

(Signed) Wilmer Brinton M. D.

Jan. 20th 1908 (Address) Calvert & Preston Sts

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan 21 1908

UNDERTAKER: Geo. J. Smith Co — ADDRESS: 1000 W. Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 X

C 8695

Registered No. B C 8695

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 705 St. Paul St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Lafayette N. Mayott

{Residence, if in Baltimore, Give Street and Number.} — 705 St. Paul St

Duration of Residence in Baltimore. 3 wks.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: July 23 1839

AGE: 68 years, 5 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Montpelier, Vt

FULL NAME OF FATHER: Morris Mayott

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: Lydia Mayott

BIRTHPLACE OF MOTHER (State or country): Canada

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Chas Leuthicum

(Address) 706 St Paul St

Filed 1/20 1908

HARRY G. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 18 1908

I HEREBY CERTIFY, That I attended deceased from Jan 5, 1908 to Jan 18 1908

that I last saw h alive on Jan 18 1908

and that death occurred, on the date stated above, at 4 30 P. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) DAYS

Contributory (Primary) La Grippe, followed by Bronchio-pneumonia (DURATION) 10 DAYS

(Signed) J. Chas Leuthicum M.D.

Address 818 N. Chas St

Date Jan 19 1908

Place of Burial Greenmount

Date Jan 20 1908

Undertaker Geo J Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 8696

Ward 14

C 8696

Registered No. B 45

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie B. Robbins

{Residence, if in Baltimore, Give Street and Number.} 1427 Mt. Royal Ave.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 25th 1857

AGE 51 years, 1 months, 24 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Horace W. Robbins

BIRTHPLACE OF FATHER (State or country) Conn

MAIDEN NAME OF MOTHER Mary E. Hoyde

BIRTHPLACE OF MOTHER (State or country) Conn

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward H. Robbins

(Address) 1615 Edmondson Ave. Baltimore

Filed 1/20 1908 HARRY C. ARENTS, PARLIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 12 1908 to Jan. 19 1908 that I last saw h alive on Jan. 19 1908, and that death occurred, on the date stated above, at noon. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Intestinal obstruction. Gen. Carcinosis (DURATION) 10 DAYS

(Signed) Peregrine Wroth, Jr. M.D.

Address Union Protestant Inf.

Date Jan. 19, 1908

Place of Burial Green Mt Cemetery

Date January 21st 1908

Undertaker Stewart Mowen Co

Address 215 Park ave

to Remove to 1427 W Mt Royal ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th

C 8697 Registered No. B C 8697

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1226 Durst alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A Schaffer

{Residence, if in Baltimore, Give Street and Number.} 1226 Durst alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1846

AGE: 62 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George M Schaffer

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Pottle

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas H. Schaffer.

(Address) 1226 Durst alley

Filed 1/20 1908 HARRY O. ADKINS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 18. 1908

I HEREBY CERTIFY, That I attended deceased from Dec 12 1908 to Jan 18 1908 that I last saw him alive on Jan 17, 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Anasarca

(DURATION) 12 DAYS

Contributory (Primary) Mitral re-gurgitation (DURATION) 3 DAYS

(Signed) Wm B McDonald M.D.

Address 1305 Linden Ave

Date January 18. 1908

Place of Burial Cedar Hill

Date Jan. 21 1908

Undertaker Jos. Stuntebeck

Address 318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8698

HEALTH DEPARTMENT, CITY OF BALTIMORE.

61

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8698

City of Baltimore, (No. 434 N. Rose St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie E. Booth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 17 1905 (Month) (Day) (Year)

AGE: 1 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: William Booth

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Maggie DeMatteo

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Octavo DeMatteo

(Address) 208 S. Wolfe St.

Filed 1/20 1908

HARRY C. ARDREYS, FERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 18 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to Jan 18 1908 that I last saw her alive on Jan 18 1908, and that death occurred, on the date stated above, at 10-30 P. M. The CAUSE OF DEATH was as follows:

Acute Cerebral Meningitis

(DURATION) 8 DAYS

Contributory Convulsions

(DURATION) 1 DAYS

(Signed) Geo F Taylor M. D.

Jan 19 1908 (Address) 1254 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	Jan 20 1908
UNDERTAKER	ADDRESS
Germanus Crane	1901 Bank St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 8699 Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name T. Lee Mitchell

{ Residence, if in Baltimore, Give Street and Number. } Baltimore, B.V.A. Insane Hospital

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 50 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Illinois

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) HARRY O. ANDREWS, PERMIT CLERK.

Filed 1/20 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 16 1908

I HEREBY CERTIFY, That I attended deceased from Jany 9 1908 to Jany 16 1908 that I last saw him alive on Jany 16 1908, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Bronchopneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Miliary Tuberculosis (DURATION) Indefinite

(Signed) Wm. McAninch M.D.

Address .....

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 18 1908 190

Undertaker Aug. Rutsmiller

Address 2 Lexington St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

21

Ward 12 C 8700 Registered No. B C 8700 179

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Weintraub

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 21 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant.

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. Weintraub

(Address) Philadelphia - Pa.

Filed 1/20 190 9 HARRY O. INDERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17 1908

I HEREBY CERTIFY, That I attended deceased from Sept 7 1907 to Jan 17 1908 that I last saw him alive on Jan 17 1908 and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Exhaustion

(DURATION) DAYS

Con'ributory (Primary.) Marasmus

(Tuberculosis) (DURATION) DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date Jan - 17 1908

Place of Burial UNIVERSITY OF MARYLAND.

Date JAN 17 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

21

Ward 2

C 8701

Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 809 So. Howard St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Infant of Isaac Pollock

{Residence, if in Baltimore, Give Street and Number.} 809 So. Howard St

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: B

DATE OF BIRTH: January 14 1908

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: Isaac Pollock.

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Lilly

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/20 1908 HARRY G. ARMACOST, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 16 1908

I HEREBY CERTIFY, That I attended deceased from January 14 1908 to January 16 1908 that I last saw h[illegible] alive on January 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 2 DAYS

Contributory (Primary.) Prematurity

Birth

(DURATION) ..... DAYS

(Signed) W. H. Egan M.D.

Address Balto City Hosp

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 18 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address .....

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

31

C 8702

Ward 21 P. C 8702 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 707 Linden ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Louis H. Davis

{Residence, if in Baltimore, Give Street and Number.} 707 Linden ave.

Duration of Residence in Baltimore. 3 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal | COLOR: Colored

DATE OF BIRTH: 1

AGE: 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Samuel Davis

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Bell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Davis

(Address) 707 Linden Ave

FILED 1/20 1908 HARRY G. ARNESTY, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 19 1908 that I last saw him alive on Jan 19 1908 and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) J. W. M. Chew M.D.

Address Fed. Hill Hosp.

Date 1/— 19— 1908

Place of Burial Randall Town Balto Co Md

Date Jan 22 1908

Undertaker R St L Watt

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person intending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C 8703 Registered No. B C 8703

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 8 Cooks, Ct. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ignatius Kangiewicz,

{Residence, if in Baltimore, Give Street and Number.} 8 Cooks. Ct.

Duration of Residence in Baltimore. 12 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ——— 1 ———

AGE: 42 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Thomas Kangewicz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ignatz Kangiewicz

(Address) 8 Cooks Court

Filed 1/20 1908 HARRY O. ASHMEAD, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1907 to Jan'y 19, 1908 that I last saw him alive on Jan'y 16, 1908. and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate) Pulmonary Tuberculosis

(DURATION) 1 Month

Contributory (Primary.) Intemperance

(DURATION) About Years

(Signed) Albert J. Chambers M.D.

Address 614 E. Pleasant

Date January 20 1908

Place of Burial Holy Rosary

Date Jan. 21, 1908

Undertaker Jacob Fiallowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 8704 Registered No. B C 8704

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1102 E. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isaih Thomas

{Residence, if in Baltimore, Give Street and Number.} 1416 Orleans St

Duration of Residence in Baltimore. 24 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colard

DATE OF BIRTH: 1

AGE: 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Isaih Thomas

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Laban

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucretia Thomas

(Address) 1102 Lexington St

Filed 1/20 1908 HARRY G. ARTHUR, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to Jan 18 1908 that I last saw him alive on Jan 18 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paul Senorthoge

sudden death (DURATION) DAYS

Con'tributory (Primary) Pul Tuberculosis about 6 mos (DURATION) DAYS

(Signed) W. T. Harris M.D.

Address 1344 Druid Hill Ave

Date Jan 19 1908

Place of Burial Laurel Cemetery

Date Jan 21 1908

Undertaker R. K. Sellman

Address 506 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8705 Registered No. B C 8705

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 731 Jew al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. S. Holmes

{Residence, if in Baltimore, Give Street and Number.} 731 Jew a.l.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: colored

DATE OF BIRTH: 1

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. md

FULL NAME OF FATHER: John W. Holmes

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Margaret Gettings

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Holmes

(Address) 731 Jew. al

Filed 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany. 18, 1908

I HEREBY CERTIFY, That I attended deceased from about 3 wks. prior to Jany. 17 1908 that I last saw him alive on Jany. 17 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Probably 4 or 5 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. F. Schmuck M.D.

Address 222 c Madison av.

Date Jany. 18, 1908

Place of Burial Mt Lyon-Cemetery

Date Jan 21. 1908

Undertaker R. St. Elliott

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 C 8706 Registered No. B C 8706

CERTIFICATE OF DEATH.

(Place of Death.) No. 802 S. Eutaw Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Reta A. Wolford

{Residence, if in Baltimore, Give Street and Number.} 802 S. Eutaw Street

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colrd

DATE OF BIRTH: 1

AGE: years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bal

FULL NAME OF FATHER: John Wolford

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Helen Bishop

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wolford

(Address) 802 S. Eutaw St

Filed 1/20 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 16 1908 to Jan 19 1908

that I last saw her alive on Jan 19 1908

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

1 week (DURATION) DAYS

Contributory (Primary.) Pneumonia

1 week (DURATION) DAYS

(Signed) A. H. Fowler M.D.

Address 1125 S. Bond St

Date Jan 20 1908

Place of Burial Mt Auburn Cemetery

Date Jan 20 1908

Undertaker John H. Friedman

Address 942 N. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 HEALTH DEPARTMENT, Registered No. B C 8707

C 8707

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 839 China Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Whiting

{Residence, if in Baltimore, Give Street and Number.} 839 China Alley

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colrd

DATE OF BIRTH: 1

AGE: 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bal

FULL NAME OF FATHER: Fred Whiting

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Mary morgan

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mary whiting

(Address) 839 China st

Filed 1/20 1908 HARRY O. ADDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15 1907 to Jan 20 1908 that I last saw her alive on Jan 18 1908, and that death occurred, on the date stated above, at 4.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) Few DAYS

Contributory (Primary.) Stomatitis

(DURATION) Few DAYS

(Signed) W H Fowler M.D.

Address 42 S. Stamp st

Date Jan 20th 1908

Place of Burial mt auburn cemetery

Date Jan 21st 1908

Undertaker John H Goodwin

Address 942 N hill st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8708 Registered No. B C 8708

164

CERTIFICATE OF DEATH.

(Place of Death.) No. 1223 N. Edw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Breen

{Residence, if in Baltimore, Give Street and Number.} 1223 N. Edw St.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: her 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Edward Kearns

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Roach

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. John Schaffer

(Address) No. 1223 N. Edw St

Filed 1/20 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 19 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 7 — 1908 to Jan. 19 — 1908 that I last saw her alive on — — 1908, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Fracture of upper end of femur (DURATION) 12 DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline st

Date January 20th 1908

Place of Burial St. Mary's Cemetery

Date Jan. 21 st 1908

Undertaker Henry Stock & Son

Address 1301 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8709 Registered No. B C 8709

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1063 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Mohr

{Residence, if in Baltimore, Give Street and Number.} 1063 Harford Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Adam L. Mohr

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna B. Roth

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Barbara Mohr

(Address) 1063 Harford Ave.

Filed 1/20 1908 HENRY O. ARNESEN PARUIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13th 1908 to Jan 18th 1908

that I last saw her alive on Jan 17th 1908

and that death occurred, on the date stated above, at 8 15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

approximate (DURATION) 7 DAYS?

Contributory (Primary.)

Heart Failure (DURATION) DAYS

(Signed) L. M. C. Parker M.D.

Address 1051 Aisquith St

Date Jan 18th 1908

Place of Burial Holy Redeemer Cemetery

Date Jan. 21st 1908

Undertaker Henry Hoeckel Sons

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 8710 Registered No. B ..... C 8710

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 554 Union St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mario B. Rahming

{ Residence, if in Baltimore, Give Street and Number. } 554 Union St

Duration of Residence in Baltimore. 52 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 26th. 1832

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: — —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredrick Rahming

(Address) 554 Union St

Filed 1/20 1908

HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 18th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 18th 1907 to Jan 18th 1908

that I last saw h[illegible] alive on Jan 17th 1908

and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Hepatic Carcinoma
at Asthenia

(DURATION) 6 Months

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 1516 W Franklin St

Date Jan 20th 1908

Place of Burial Westlawn Cemetery

Date Jan 21st 1908

Undertaker George Bruns

Address 694 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 C 8711 Registered No. B 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 800 W. Balto. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William A. Stuart

{ Residence, if in Baltimore, Give Street and Number. } 800 W. Balto. St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH Sept. 1

AGE 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER William Stuart

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Clara Will

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Engraver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Stuart

(Address) 800 W. Balto St.

Filed 1/20 1908 HARRY C. ARDREWS FARMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 18 12 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 16 12 1907 to Jan 18 12 1908 that I last saw him alive on Jan. 16 12 1908, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis. La Grippe

Two Months (DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) J. H. Chambers M.D.

Address 18 W. Fayette

Date Jan 20 12 1908

Place of Burial Loudon Park

Date Jan 21 24 1908

Undertaker Jno. A. Hogan

Address Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C 8712

City of Baltimore, (No. 1008 Whatcoat St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Calaman'

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colon
DATE OF BIRTH	Jan 18 (Month) (Day) 1877 (Year)
AGE	31 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Marriage
BIRTHPLACE (State or country)	M D
FULL NAME OF FATHER	John Calaman
BIRTHPLACE OF FATHER (State or country)	M D
MAIDEN NAME OF MOTHER	Mary Howard
BIRTHPLACE OF MOTHER (State or country)	M D
OCCUPATION OF DECEASED	Colon

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Calaman

(Address) 1008 Whatcoat

Filed 1/20 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 17 1908 to Jan 18 1908

that I last saw h[illegible] alive on Jan 18 1908,

and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 10 DAYS

Contributory

(DURATION) DAYS

(Signed) [illegible] M. D.

Jan 19 1908 (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Rosedale Cemetery adjacent Edmondson Ave	Jan 21 1908
UNDERTAKER	ADDRESS
R L Packard & Co	1213 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

3

C 8713

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8713

City of Baltimore. (No. 1104 E. Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rebecca Blumberg

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 0 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: H. Blumberg

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joe Wolfson

(Address) 635 S. Charles St

Filed 1/20 1908

HARRY C. ARLDARTS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 20 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 19th 1908 to Jan 20th 1908

that I last saw h[illegible] alive on Jan 19th 1908,

and that death occurred, on the date stated above, at 4 a.m. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 7 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) A. J. Lalor M. D.

Jan 20th 1908 (Address) 2003 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hebrew Washington Rd Lot

DATE OF BURIAL: Jan 20 1908

UNDERTAKER: M. Doyle Son

ADDRESS: 17 E. 1st St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 1

C 8714 Registered No. B C 8714

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Park Heights Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George L. Billups

{Residence, if in Baltimore, Give Street and Number.} Park Heights and Haywood Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH May 26, 1864

AGE 43 years, 7 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER Geo. W. Billups

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Rebecca E. Dorsey

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Hotel Proprietor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Rebecca E. Billups

(Address) Park Heights and Haywood

Filed 1/20 1908 HAROLD G. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190... and that death occurred, on the date stated above, at ... P. M.

CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull

(automobile accident)

(DURATION) DAYS

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) DAYS

(Signed) Charles Guttmann M.D.

Address 1818 E. Chas. St.

Date Jan 19 1908

Place of Burial Greenmount Cemetery

Date Jan. 21 1908

Undertaker Henry W. Means 2nd Son

Address 865 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 8715 Registered No. B C 8715

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 625 S. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary. Rosie. Barr

{Residence, if in Baltimore, Give Street and Number.} 625 S. Paca St.

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Aug. 22 nd 1871

AGE 36 years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) St Mary's Co. Md.

FULL NAME OF FATHER Samuel. R. Tubman

BIRTHPLACE OF FATHER (State or country) Somerset George B. MD.

MAIDEN NAME OF MOTHER Mary. A. Beaven

BIRTHPLACE OF MOTHER (State or country) St. Mary's Co. MD.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Samuel Kahn

(Address) 645 N. Schroeder St

Filed 1/20 1908 HARRY C. ARNOLD, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to Jan 20 1908

that I last saw her alive on Jan 19 1908

and that death occurred, on the date stated above, at 3 30 9 M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

asthenia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. B. Burch M.D.

Address 828 N Carrollton Ave

Date Jan 20 1908

Place of Burial Spences Wharf St Mary's Co Md

Date Jan 22 nd 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 8716 Registered No. B C 8716

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1801 Covington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of { John H. Lammlein & Wilhelmina F. Lammlein

{ Residence, if in Baltimore, Give Street and Number. } 1849 Covington St

Duration of Residence in Baltimore.. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Jan 20th 1908

AGE 6 hours
.....years, ...months, ...days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John H Lammlein

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Wilhelmina Fleck

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Lammlein

(Address) 1801 Covington St.

Filed 1/20 1908 HARRY O. ARRIES, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1908

I HEREBY CERTIFY, That I attended deceased from Jan 19 1908 to Jan 20 1908 that I last saw him alive on Jan 19 1908, and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth.

(DURATION) 6 hours

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. E. Black M.D.

Address 837 N Fayette St

Date Jan 20 1908

Place of Burial Loudon Park

Date Jan 21 1908

Undertaker Jas. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C 8717 Registered No. B C 8717

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 285 Hickory Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter A. Wheeler

{ Residence, if in Baltimore, Give Street and Number. } 285 Hickory Ave

Duration of Residence in Baltimore. 27 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Aug 21st 1880

AGE: 27 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm H. Wheeler

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rebecca A. Crabbe

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Rebecca A. Wheeler

(Address) 285 Hickory Ave

Filed 1/20 1908

HARRY G. ARDELEAN PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 19th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 16th 1908 to Jan 19th 1909 that I last saw h. in alive on Jan 18 1908, and that death occurred, on the date stated above, at 1145 A.M. CAUSE OF DEATH (Secondary or Immediate)

Laryngeal Tuberculosis

Inability to take nourishment & asthenia

Collapse (DURATION) several weeks DAYS

Contributory (Primary.) Phthisis Pulmonalis about 2 yrs (DURATION) DAYS

(Signed) W. H. Feldman M.D.

Address 808 1st Ave

Date Jan 20th 1908

Place of Burial St. Mary's Hampden

Date January 21st 1908

Undertaker Horace Burgess

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 8718 Registered No. B C 8718

CERTIFICATE OF DEATH.

155

(Place of Death.) No. 7 N. Amity St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjayman Caplan

{ Residence, if in Baltimore, Give Street and Number. } 7 N Amity st

Duration of Residence in Baltimore. 5 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 40 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Mike Caplan

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie brown

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B Ginsberg

(Address) 7 N Amity

Filed 1/20 1908 HARRY G. ARRIES, FERRIT, CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan - 19 1908

I HEREBY CERTIFY, That I attended deceased from Jan 19 1908 to Jan 19 1908

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

Suicide

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address

Date Jan 20 1908

Place of Burial Hebrew Philip Rd Roundale

Date Jan 21, 1908

Undertaker J Norf Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8719 Registered No. B C 8719

CERTIFICATE OF DEATH.

(Place of Death.) No. 1817 Guilford Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wesley J. Hill

{ Residence, if in Baltimore, Give Street and Number. } 1817 Guilford Place

Duration of Residence in Baltimore. About five years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH — 1

AGE 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Henry Hill

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Amanda Hill

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. J. Hill

(Address) 1817 Guilford Place

Filed 1/21 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 18 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1908 to Jan 18 1908 that I last saw h[illegible] alive on Jan 18 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt G. Schmell M.D.

Address 424 East 23 St

Date Jan. 19 1908

Place of Burial Sussex Co Va

Date Jan 21 1908

Undertaker Alex. McCauley

Address 578 W. Biddle St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it, shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 8720 Registered No. B 131

CERTIFICATE OF DEATH.

(Place of Death.) No. 2108 Wolfe Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H Fishpaw

{ Residence, if in Baltimore, Give Street and Number. } 2108 Wilhelm St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 10 1908

AGE ~~10~~ years, — months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John H E Fishpaw

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Florence M Gainor

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H E Fishpaw

(Address) 2108 Wilhelm St

Filed 1/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Jan 19 1908 that I last saw h in alive on Jan 19 1908, and that death occurred, on the date stated above, at 8:30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Inanition —

(DURATION) 9 DAYS

Contributory (Primary) Premature birth (DURATION) — DAYS

(Signed) Harry Weinert M.D.

Address # 11 N Carey St.

Date Jan 20 1908

Place of Burial Mt Olivet Cem

Date Jan 21 1908

Undertaker Jos Block

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8721
10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8721

City of Baltimore, (No. 210, E. Stamp St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Antonia Pauza

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	January 25 1892 (Month) (Day) (Year)
AGE	15 years, ... months, 26 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Antonia Pauza
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Anna Mack
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antonia Pauza

(Address) 210 E. Stamp.

Filed 1/21 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 17 1908 to January 18 1908 that I last saw h[illegible] alive on Jan 18 1908, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Grippe.

(DURATION) 1 DAYS

Contributory Pneumonia

(DURATION) ... DAYS

(Signed) H. B. Wolf M. D.

1/20 1908 (Address) 13 W. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Alphonsus	Jan 22nd 1908
UNDERTAKER	ADDRESS
M S Frank	2118 N Reds

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 87222 Registered No. B

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Provident Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gideon Goss.

{Residence, if in Baltimore, Give Street and Number.} 714 Little Green St

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ....1....

AGE 46 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Calvert Co Md

FULL NAME OF FATHER — —

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER Eliza Murdock

BIRTHPLACE OF MOTHER (State or country) Calvert Co Md

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Foote

(Address) 1232 Druid Hill Ave

Filed 1/21 1908 DAIRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Jan 18 1908 that I last saw h[im] alive on Jan 18 1908, and that death occurred, on the date stated above, at 11:30 [A.]M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) 30 DAYS

Contributory (Primary.) Arterio-sclerosis

(DURATION) 5 / DAYS

(Signed) H. D. McCard M.D.

Address 2005 Madison Ave

Date Jan 18 1908

Prim. Federal Place of Burial Calvert Co Md

Date Jan 22 1908

Undertaker Jos H Owens & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C 8723 Registered No. B C 8723

CERTIFICATE OF DEATH.

18

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Beckel

{Residence, if in Baltimore, Give Street and Number.} 2037 E. Biddle St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 63 years, months, days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Kessler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Mosser

(Address) 1442 N Gay St.

Filed 1/21 190 8 HARRY O. ANDREWS, PARKIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 20 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 19 1908 to Jan. 20 1908 that I last saw h Er alive on Jan. 20 1908, and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation of heart.

(DURATION) DAYS

Contributory (Primary.) Chronic Endocarditis (DURATION) DAYS

(Signed) Wm Schmidt M.D.

Address St. Joseph's Hosp.

Date 190

Place of Burial St Mary's Cemetery

Date Jan 22 190

Undertaker Geo Mosser

Address 1442 N Gay St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10th

C 8724 Registered No. B

C. 8724

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1204 Harford Ave. N. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William E. Krews

{ Residence, if in Baltimore, Give Street and Number. } 1204 Harford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 28 1848

AGE: 59 years, 5 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Krews

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary K. Everitt

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Paper Hanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chester Rollinger

(Address) 710 Girard Ave

Filed 1/21 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 20th 1908

I HEREBY CERTIFY, That I attended deceased from about May 1907 to Jan. 19 1908

that I last saw him alive on Jan. 19 1908,

and that death occurred, on the date stated above, at 12.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of the Stomach

(DURATION) 1 year

Contributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) Harrison F. Cooper M.D.

Address: 2425 St. Paul St.

Date Jan. 22 1908

Place of Burial Loudon Pk

Date Jany 22 1908

Undertaker Robt J Turner

Address 1442 N. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8725

Registered No. B ..... C 8725

Ward 6

19

CERTIFICATE OF DEATH.

(Place of Death.) No. 129 W. Patterson Pkway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Haber

{ Residence, if in Baltimore, Give Street and Number. } 129 W. Patterson Pkway

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH age 21 1818

AGE 89 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis W. Bonday 129 W. Patterson Pkway

(Address) 129 W. Patterson Pkway

Filed 1/21 1908 HARRY G. JEFFREYS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 18 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1904 to Jan 18 1908

that I last saw him alive on Jan 18 1908

and that death occurred, on the date stated above, at 7.30

I. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Regurgitation

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Louis Paulus M.D.

Address 1229 E. Baltimore St

Date Jan 18-08 190

Place of Burial Loudon Park

Date January 21 190 8

Undertaker Robt J. Truman

Address 1742 N. Gay.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 8726 Registered No. B C 8726

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Park Heights Ave - near Finch St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie Kahl

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH January 6 1875

AGE 32 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Walter J Ernest

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Louisa J Baker

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Robt Howard

(Address) 1415 N Gay St

Filed 1/21 1908 HENRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 18 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 9.05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture Skull.
Auto Accident

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Dr Smith Kuttenkamp M.D.

Address 1818 N. Charles

Date Jan 18 1908

Place of Burial Baltimore County

Date January 21 1908

Undertaker Robt J Turner

Address 1442 N. Gay

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., Baltimore.

Ward 7 C 8727 Registered No. B C 8727

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 721 N. Hopkins Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alberta M Hines

{Residence, if in Baltimore, Give Street and Number.} 721 N. Hopkins Ave

Duration of Residence in Baltimore. Thirty yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Blue

DATE OF BIRTH 1

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Grubb

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Hennuttie Lusby

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry M. Hines

(Address) 721 Hopkins ave

Filed 1/21 1908

HARRY G. ADAMS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to Jan 20 1908

that I last saw her alive on Jan 18 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or immediate.)

Bronchio-pneumonia

Causing exhaustion

failure

(DURATION) 5 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) C. E. Rusk M.D.

Address 2001 E. Baltimore

Date Jan 20 1908

Place of Burial Mt. Carmel. Cem.

Date JAN. 22. 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, color, condition* (whether married or single) of the deceased, and the *cause and date of death*.

HEALTH DEPARTMENT

C 8728

Ward 3

Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1636 E Pratt St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William F. Freeman

{Residence, if in Baltimore, Give Street and Number.} 1636 E Pratt St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Sail maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo N. Freeman

(Address) 1636 E. Pratt St.

Filed 1/21 1908

HARRY O. ARNOLD, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at 2 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) DAYS

Contributory (Primary)

(DURATION) 2 DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 3204 Greene St.

Date Jan 19 1908

Place of Burial Loudon Park, Cem.

Date JAN 21 1908 190

Undertaker Abbott & Fuller

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 8729 Registered No. B C 8729

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1803 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Smith

{Residence, if in Baltimore, Give Street and Number.} 1803 E. Chase St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 8 1889

AGE 46 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER W. Jones

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Mary Labyas

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Smith

(Address) 1803 E Chase St

Filed 1/21 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2 1908 to Jan 19 1908

that I last saw h[illegible] alive on Jan 18 1908

and that death occurred, on the date stated above, at 2 05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary) La Grippe

(DURATION) 2 DAYS

(Signed) H. L. Gilmy M.D.

Address 172 E Dallas St

Date Jan. 20 1908

Place of Burial Balto Cemetery

Date Jan 21 1908

Undertaker J. J. Williams

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B ..... C 8730

C 8730

92

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida Bers

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Frederick Stegman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Arnett

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/21 1908 HARRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 20 1908

I HEREBY CERTIFY, That I attended deceased from July 8. 1907 to Jan. 20 1908 that I last saw her alive on Jan. 20 1908 and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.) Hemiplegia

(DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Jan. 21 1908

Place of Burial Loudon Park Cem

Date Jan 22 1908

Undertaker Jno B. Cook

Address 1112 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE

Lamar Bowman, Supt.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

Registered No. B C 8731

City of Baltimore, (No. 19 Browns Lane St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herman J. Schaub

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 12 (Month) 1907 (Day) (Year)

AGE: ..... years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Jacob J. Schaub.

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Henrietta Horn

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J. Schaub

(Address) 19 Browns Lane

Filed 1/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 17 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 17 1908 to Jan 19 1908

that I last saw he alive on Jan 19 1908,

and that death occurred, on the date stated above, at 9.30 A. M. The CAUSE OF DEATH was as follows:

Bronchio Pneumonia

..... (DURATION) ..... DAYS

Contributory Exhaustion

..... (DURATION) ..... DAYS

(Signed) J B Ivya M. D.

Jan 20 1908 (Address) 1800 E North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Jan 21 1908
UNDERTAKER	ADDRESS
Mrs Geo P Paulush	2101 Fredericke Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 8732

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

64

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8732

Registered No. B.....

City of Baltimore, (No. 1112 N. Wolf St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Kreidwees

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sep (Month) 18 (Day) 1846 (Year)

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Neil McNulty

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Ann Doily

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Kreidwees

(Address) 1112 N. Wolf St

Filed 1/21 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 19th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 18th 1908 to Jan 19th 1908 that I last saw h er alive on Jan 19th 1908, and that death occurred, on the date stated above, at 4.30 A M. The CAUSE OF DEATH was as follows:

Apoplexy

9 hours. (DURATION)

Contributory ..... (DURATION) ..... DAYS

(Signed) Wm Nelson White M. D.

Jan 20th 1908 (Address) 1820 N. Charles St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Jan 22 1908

UNDERTAKER: A. Frick & Son

ADDRESS: 915 N Gay St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

106

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8733

Registered No. B.....

City of Baltimore, (No. 111, Partlow St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine M. McEnaney

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Owen McEnaney

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen Flinn

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 1/21 1908 HARRY G. ANDREWS PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 19 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 18 1908 to Jan 19 1908 that I last saw h Cr alive on Jan 19 1908, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Gastro-Enteritis.

1 yr. (DURATION) DAYS

Contributory Rachitis (DURATION) 4 Mos DAYS

(Signed) H. A. Warner M. D.

1/20 1908 (Address) 5763 H. Lond

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL St Peters

DATE OF BURIAL Jan 22 1908

UNDERTAKER M Cadogan

ADDRESS 696 Mulberry St

Ward 7 — C 8734 Registered No. B C 8734 — 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 643. N. Pratt. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Swyick Dietz

{Residence, if in Baltimore, Give Street and Number.} 643. N. Baltimore

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 7th 1879

AGE 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Balt Md

FULL NAME OF FATHER Simon Hoffe

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Hunda Pistel

BIRTHPLACE OF MOTHER (State or country) Balt Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs K. Hoffe.

(Address) 643 N Pratt St

Filed 1/21 1908

HARRY O. ANDERSON Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2d 1908 to Jan 18th 1908 that I last saw h alive on Jan 18th 1908, and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 18 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas L. Cuddihy M.D.

Address 418. S. Paca St.

Date Jan 20th 1908

Place of Burial Balt Cemetery

Date Jan 20th 1908

Undertaker Jos Leinbach & Son

Address 647 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 8735 Registered No. B C 8735

37

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eva Clark

{Residence, if in Baltimore, Give Street and Number.} 325 Dawson alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem COLOR Colored

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mattie Davis

(Address) 325 Dawson alley

Filed 1/21 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18 1908

I HEREBY CERTIFY, That I attended deceased from Jan 9 1908 to Jan 18 1908

that I last saw her alive on Jan 18 1908

and that death occurred, on the date stated above, at 1:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.) Unemployed

septicaemia (DURATION) DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date 1/18 08 1908

Place of Burial Bremen Baltimore Md

Date Jan 21 1908

Undertaker Geo H Horton

Address 609 Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward. 19 C 8736 Registered No. B C 8736

42

CERTIFICATE OF DEATH.

(Place of Death.) No. 704 Ensor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susie Kennard

{Residence, if in Baltimore, Give Street and Number.} Lancaster Co Va

Duration of Residence in Baltimore. 4 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Dan Lewis

BIRTHPLACE OF FATHER (State or country): Dan Lewis

MAIDEN NAME OF MOTHER: Kate Hamby

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Bernard

(Address) 348 Rose St

Filed 1/21 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1908

I HEREBY CERTIFY, That I attended deceased from Dec 23 1907 to Jan 20 1908 that I last saw her alive on Jan 20 1908, and that death occurred, on the date stated above, at 6-30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of uterus & Blood poison

(DURATION) 9 mos DAYS

Con'ributory (Primary.) Blood poison

(DURATION) 7 mos DAYS

(Signed) Dr G.W. Kennard M.D.

Address 704 Ensor St

Date Jan 20 1908

Place of Burial Mindleria Co Va West Banner Wtp

Date Jan 22 1908

Undertaker R.A. Elliott

Address 556 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 8737 Registered No. B 112

CERTIFICATE OF DEATH.

(Place of Death.) No. 1316 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lisetta Burk

{Residence, if in Baltimore, Give Street and Number.} 1316 Light St

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 19th 1842

AGE 65 years, 4 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Burk

(Address) 1316 Light St

Filed 1/21 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1908

I HEREBY CERTIFY, That I attended deceased from Nov 20 1907 to Jan 19 1908

that I last saw h alive on Jan 18 1908,

and that death occurred, on the date stated above, at 6 a m. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Liver

Symptoms (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Grundy M.D.

Address 609 Cathedral St

Date Jan 20 1908

Place of Burial Cedar Hill

Date Jan 21st 1908

Undertaker Jos. Stanton & Son

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B C 8738

C 8738

81

CERTIFICATE OF DEATH.

(Place of Death.) No. Bath City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Hunt

{Residence, if in Baltimore, Give Street and Number.} Hampstead Md.

Duration of Residence in Baltimore. 12 days

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Diego Hunt

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. F. Hunt

(Address) 917 N Caroline St

Filed 1/21 1908

HARRY O. ANDREWS Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 1908

I HEREBY CERTIFY, That I attended deceased from Jan 9 1908 to Jan 21 1908 that I last saw h[illegible] alive on Jan 21 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Arterio Sclerosis

Gangrene of foot

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) W H Slater M.D.

Address Bath City Hosp

Date Jan 21 1908

Place of Burial Hampstead Md

Date Jan 21 1908

Undertaker Wm Tickner & Sons

Address Carlton Place

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanislava Dzenkowski

{Residence, if in Baltimore, Give Street and Number.} 629 S Bond St.

Duration of Residence in Baltimore. 3 yrs

C 8739

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: 1

AGE: 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia Poland.

FULL NAME OF FATHER: Walerius Niodrzegarski

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Mary Gudgracka.

BIRTHPLACE OF MOTHER (State or country): Russia Poland.

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Simon Dzenkowski

(Address) 627 S. Bond St

Filed 1/21 1905 HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 19 1905

I HEREBY CERTIFY, That I attended deceased from Jan 12 1905 to Jan 19 1905 that I last saw h alive on Jan 19 1905, and that death occurred, on the date stated above, at 4:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) 16 DAYS

Contributory (Primary.) Lacerated Cervix

Vesico Vaginal Fistula (DURATION) 16 DAYS

(Signed) J. J. O'Connor M.D.

Address St. Joseph's Hosp.

Date Jan 19 1905

Place of Burial St Stanislaus

Date Wed Jany 22 1905

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

Transcript for.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8739

GENERAL AFFIDAVIT.

State of Maryland, Baltimore City, to wit:

BE IT REMEMBERED, That this 6th day of April A. D. 190 8, before me, the subscriber a Justice of the Peace of the said State, in and for the City aforesaid, personally appeared J. J. O'Connor

and made oath in due form of law that ~~name~~ appearing on death certificate should have been Stanislava Szczankowska instead of Stanislava Szczankowski. Stanislava Szczankowska was the person who died

H. C. Brown J. P.

Permission is granted to remove

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 Registered No. B C 8740

CERTIFICATE OF DEATH.

93

Place of Death.) No. 1528 Thames St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pawel Bunosh

{ Residence, if in Baltimore, Give Street and Number. } 1528 Thame st.

Duration of Residence in Baltimore. Ten years C8740

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia Poland.

FULL NAME OF FATHER: Dont Know.

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Labor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Bunosh.

(Address) 1528 Thames St

Filed 1/21 1908 HARRY O. ANDREWS PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20 1908 to Jan 20 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at 3.30

P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

Seven day (DURATION) DAYS Pneumonia

Contributory (Primary)

One day (DURATION) DAYS

(Signed) A. G. Freedman M.D.

Address 916 E. Fayette

Date Jan 21. 1908

Place of Burial Holy Rosary.

Date Wed Jany 22. 1908

Undertaker M. F. Sudorwski.

Address 903 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 8741 Registered No. B C 8741

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 721 S. Bond st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Mach

{Residence, if in Baltimore, Give Street and Number.} 721. S. Bond st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1

AGE 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Marcin Mach

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Mary Lyach

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Mach.

(Address) 721 S. Bond St

Filed 1/21 1908 HARRY C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13th 1908 to 17th inst 1908 that I last saw her alive on Jan 17 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis of both lungs

(DURATION) 120 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 120 DAYS

(Signed) Morris Abramowitz M.D.

Address 1026 E. Balto. St.

Date Jan. 21. 1908

Place of Burial St Stanislaus.

Date Jany 23 1908

Undertaker M. F. Sadowski.

Address 403 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 8742 Registered No. B C 8742

151

CERTIFICATE OF DEATH.

Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Instant-n Flora Noise.

{ Residence, if in Baltimore, Give Street and Number. } 1023 Hopkins Hos (Nurse) (east)

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Wh.

DATE OF BIRTH January 11 1908

AGE — years, — months, 8 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Noise . Flora

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/21 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19 1908

I HEREBY CERTIFY, That I attended deceased from Jan 11 1908 to Jan 19 1908 that I last saw h[illegible] alive on 1 16 1908.

and that death occurred, on the date stated above, at .....

I. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

(DURATION) 8 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) W. O. Pancoast M.D.

Address Johns Hopkins Hosp.

Date Jan 20 - 1908

Place of Burial JOHNS HOPKINS HOSPITAL.

Date JAN 20 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address .....

316

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 8745 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Jail St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Carroll

{Residence, if in Baltimore, Give Street and Number.} 263 Chestnut Av

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or ~~country~~) Va

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Balto City Jail (Prov)

(Address) Summit Mont Pets

Filed 1/21 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 10th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h..... alive on 190

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Heart Failure

..... (DURATION) ..... DAYS

Con'tributory (Primary)

..... (DURATION) ..... DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N. Carlton St.

Date Jan 10 1908

Place of Burial UNIVERSITY OF MARYLAND.

Date JAN 20 1908 190

Undertaker Commissioner Health. Per. Wm. E. WOODALL.

FOR ANATOMICAL PURPOSES

Body at morgue

WM. J. C. DULANY CO., BALTIMORE

30

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8744

City of Baltimore, (No.) 1738 N Lexington St. St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Morris F. Yates Jr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan (Month) 17th (Day) 1908 (Year)

AGE: ~~years~~ ~~months~~ 17 ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~[illegible]~~

BIRTHPLACE (State or country): 1738 N Lexington St

FULL NAME OF FATHER: Morris F Yates

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eugenia H Brooke

BIRTHPLACE OF MOTHER (State or country): D. C.

OCCUPATION OF DECEASED: ~~[illegible]~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris F Yates

(Address) 1738 N Lexington St

Filed 1/21 1908

HARRY O. ARDEN, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 17th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 17th 1908 to Jan 17th 1908 that I last saw h~~im~~ alive on Jan 17th 1908, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Premature Birth.

(DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Edward L. Montaman M. D.

Jan 17th 1908 (Address) 125 N Stanton Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: UNIVERSITY OF MARYLAND.

DATE OF BURIAL: Jan 20 1908

UNDERTAKER: Commissioner Health, Per. Wm. F. WOODALL.

ADDRESS

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

311

Morgue

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

30

Ward 8th. C 8745 Registered No. B C 8745

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 926 Hopkins ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Sallie ~~Bailey~~ Nicholson

{ Residence, if in Baltimore, Give Street and Number. } J. H. H.

Duration of Residence in Baltimore. 2 days -

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Black.

DATE OF BIRTH Jan 16 - 1908

AGE — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Roland Bagner

BIRTHPLACE OF FATHER (State or country) Va -

MAIDEN NAME OF MOTHER Sallie Nicholson

BIRTHPLACE OF MOTHER (State or country) Va -

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/21 1908 HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17 - 1908

I HEREBY CERTIFY, That I attended deceased from Jan 16 1908 to Jan 17 1908 that I last saw h e alive on Jan 17 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

6 1/2 Mos. Gestation

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm O Pancoast M.D.

Address Johns Hopkins Hosp.

Date Jan 18 1908

UNIVERSITY OF MARYLAND.

Place of Burial .....

Date Commissioner Health JAN 20 1908

Per. Wm. E. WOODALL.

Undertaker Commissioner Health,

Per. Wm. E. WOODALL.

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

916

Ward 17 C 8746 Registered No. B C 8746

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 235 N. Fremont ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas J Mullin Jr

{ Residence, if in Baltimore, Give Street and Number. } 235 N. Fremont ave

Duration of Residence in Baltimore. Life C 8746

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 13 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Thomas J Mullin

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Cathrine Lamb

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Thomas J Mullin

(Address) 235 N. Fremont ave

Filed 1/21 190 8 HARRY G. ARTHURS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 20th 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 22d 1907 to Jan. 20th 1908 that I last saw h[illegible] alive on Jan. 20th 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Articular Rheumatism

Endocarditis.

Heart-failure

(DURATION) 88 DAYS

Contributory (Primary.) Heart

failure (DURATION) 6 DAYS

(Signed) Jno Gambrill M.D.

Address 1704 Madison ave

Date Jan 21st 1908

Place of Burial Cathedral Cemetery

Date Jan 23d 1908

Undertaker John J Cowan

Address 241 Hollins st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 8747 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 787 Sarah Ann St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie R. Wilson

{Residence, if in Baltimore, Give Street and Number.} 787 Sarah Ann St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Nov. 29 1908.

AGE: — years, 1 month, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Warner Wilson

BIRTHPLACE OF FATHER (State or country): Richmond Va

MAIDEN NAME OF MOTHER: Ella Planter

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Wilson

(Address) 787 Sarah Ann St

Filed 1/21 1909 HARRY G. ARLINGTON, PARLIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 18th 1909.

I HEREBY CERTIFY, That I attended deceased from Jany 17 1909 to Jany 18 1909.

that I last saw her alive on Jany 17 1909.

and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Capillary Bronchitis (DURATION) 7 DAYS

Con'tributory (Primary.)

Catarrhal Fever (DURATION) 7 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1305 N. North Ave

Date Balto Jany 20th 1909.

Place of Burial Mt Auburn

Date Jan 21 1909

Undertaker A. J. Freeland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C 8748 Registered No. B C 8748 13

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard H. McVeigh

{Residence, if in Baltimore, Give Street and Number.} ~~312 N. Carey St~~ 2201 Beach Ave

Duration of Residence in Baltimore. 3 yrs 6 Mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W

DATE OF BIRTH Feb 3rd 1854

AGE 53 years, 11 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Wm H McVeigh

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Hattie Rogers

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Watchman Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daisy S. McVeigh

(Address) 2201 Beach Ave

Filed 1/24 1908 HENRY O. ARIPAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21, 1908

I HEREBY CERTIFY, That I attended deceased from June 4 1906 to January 21 1908 that I last saw h[illegible] alive on January 21, 1908, and that death occurred, on the date stated above, at 12:02 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Tumor of Dura at level of ~~V~~ ~~&~~ VII cervical vertebrae (DURATION) 4 years

(Signed) Eugene Wroth, Jr., M.D.

Address Union Protestant Inf.

Date January 21, 1908

Place of Burial Berryville Va

Date Jan. 21 1908

Undertaker Chas E. Franck

Address 746 N. Eutaw St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8749 Registered No. B 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 E Chase St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Louisa Grove

{Residence, if in Baltimore, Give Street and Number.} 418 E Chase st

Duration of Residence in Baltimore 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 7th 1829

AGE: 78 years, 5 months, 13 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): York Co Pa

FULL NAME OF FATHER: George A Kleinfelter

BIRTHPLACE OF FATHER (State or country): York Co Pa

MAIDEN NAME OF MOTHER: Christina Gerber

BIRTHPLACE OF MOTHER (State or country): York Co Pa

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Jacob S. Anstine

(Address) 418 E Chase st

Filed 1/21 1908 HARRY C. ARNERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 20th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2 1908 to Jan 20 1908 that I last saw h~~i~~s alive on Jan 20 1908 and that death occurred, on the date stated above, at 4.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

La Grippe + Bronchitis

(DURATION) 18 DAYS

Contributory (Primary.) Heart failure (DURATION) 1 DAYS

(Signed) W. A. Fair M.D.

Address 12 E 25th St

Date Jan 21st 1908

Place of Burial Greenmount Cemetery

Date January 23rd 1908

Undertaker George Schulling + Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 8750 Registered No. B

CERTIFICATE OF DEATH.

87

(Place of Death.) No. 525 N. Thicken St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ann. F. Clarke.

{Residence, if in Baltimore, Give Street and Number.} 525 N. Thicken St.

Duration of Residence in Baltimore. 50 yrs.

C 8750

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 29 1847

AGE 60 years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Frances Foley

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margaret Reynolds

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mo Grylem

(Address) 525 N Thicken St

Filed 1/21 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 20 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 12. 1907 to Jan. 20 1908 that I last saw h er alive on Jan 20 1908, and that death occurred, on the date stated above, at 12 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) DAYS

Contributory (Primary.) Arteriosclerosis.

(DURATION) DAYS

(Signed) Jno. T. O'Hara M.D.

Address 1053. Edmondson Ave

Date Jan 20 1908

Place of Burial New Cathedral

Date Jan 22 1908

Undertaker H. J. Dieckmann & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 2118. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lloyd N. Corbett

{Residence, if in Baltimore, Give Street and Number.} 2118. Gilmor St

Duration of Residence in Baltimore. 60 Years C 8751

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Jan 29th 1827
AGE	79 years, 11 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Calvert Co Md
FULL NAME OF FATHER	dont Know
BIRTHPLACE OF FATHER (State or country)	---
MAIDEN NAME OF MOTHER	---
BIRTHPLACE OF MOTHER (State or country)	---
OCCUPATION OF DECEASED	Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. E. Dickner

(Address) Camden & Paca

Filed 1/21 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 21st 1908

I HEREBY CERTIFY, That I attended deceased from Jan 9th 1908 to Jan 21st 1908 that I last saw him alive on Jan 21st 1908, and that death occurred, on the date stated above, at 3.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 1 DAYS

Con'ributory (Primary.) La Grippe

(DURATION) 10 DAYS

(Signed) W Blaney M.D.

Address 1108 E. Gilmor St

Date Jany 21st 1908

Place of Burial London Park

Date Jan 24 1908

Undertaker W. J. Dickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8752 Registered No. B .....

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 2115 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Wheeler

{ Residence, if in Baltimore, Give Street and Number. } 2115 E. Eager st

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 12 1871

AGE: 36 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Butts City

FULL NAME OF FATHER: Thos J. M. Wheeler

BIRTHPLACE OF FATHER (State or country): Butts Md

MAIDEN NAME OF MOTHER: Emma Bryan

BIRTHPLACE OF MOTHER (State or country): Butts Md

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos J. M. Wheeler

(Address) 1921 E. Chase st

Filed 1/21 1908 HARRY G. ANDREWS FAIRLIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Jan 21 1908 that I last saw h[illegible] alive on Jan 19 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Cachexia

Enteritis & Gastritis (DURATION) 30 DAYS

(Signed) Geo F. Laylor M.D.

Address 1264 N. Broadway

Date January 21 1908

Place of Burial Baltimore Cemetary

Date January 23 1908

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8753 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 205 N Parrish ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nettie Jones.

{Residence, if in Baltimore, Give Street and Number.} 205 N Parrish ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH Jan 1, 1905

AGE 3 years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) 222 Wagner Ave

FULL NAME OF FATHER Thomas Jones

BIRTHPLACE OF FATHER (State or country) N. C.

MAIDEN NAME OF MOTHER Mary Rudsby

BIRTHPLACE OF MOTHER (State or country) N. C.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Jones

(Address) 205 N Parrish ave

Filed 1/21 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1908

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to Jan 18 1908 that I last saw h.. alive on Jan 18 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Bron Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Syphilitic

(DURATION) DAYS

(Signed) F. H. Gamer M.D.

Address 317 N. Carrollton Ave

Date Jan 20 1908

Place of Burial Mt. Auburn Cem

Date Jan 22nd 1908

Undertaker Sam'l H. Chase

Address 1400 Madison St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 8754 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1410 Linden ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John B. Mathews

{Residence, if in Baltimore, Give Street and Number.} 1410 Linden ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Dec. 17 1907

AGE: * years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Edwd B. Mathews

BIRTHPLACE OF FATHER (State or country): Maine

MAIDEN NAME OF MOTHER: Helen L. Whitman

BIRTHPLACE OF MOTHER (State or country): Troy N. Y.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwd. B. Mathews

(Address) 1410 Linden ave

Filed 1/22" 1908 HARRY O. ANDREWS, Registrar
FARUIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 1908

I HEREBY CERTIFY, That I attended deceased from Dec 21 1907 to Jan 21 1908

that I last saw h.. alive on Jan 21 1908

and that death occurred, on the date stated above, at 11:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

asthenia

(DURATION) 7 DAYS

Contributory (Primary.) grippe

bronc-pneu (DURATION) 30 DAYS

(Signed) Henry N Brown M.D.

Address 17 W Broadway

Date Jan 24 1908

Place of Burial Troy N. Y.

Date Jany 21 1908

Undertaker E. M. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 8755 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1302 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sadie Harrison

{Residence, if in Baltimore, Give Street and Number.} 1302 Orleans St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 30 1907

AGE: ....years, ...months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Isaac Harrison

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Barber

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Harrison

(Address) 1302 orleans st

Filed 1/22" 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 21st 1908

I HEREBY CERTIFY, That I attended deceased from Jan 19 1908 to Jan 21 1908 that I last saw her alive on Jan 19 1908, and that death occurred, on the date stated above, at 2:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pangrenital debility

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robert J. Grove M.D.

Address 127 Lexington st

Date Jan 21st 1908

Place of Burial Washington nd hebrew cem.

Date Jan 22 1908

Undertaker May Levinson

Address 1620 mc Elderry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8756 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isadore Silverstein.

{ Residence, if in Baltimore, Give Street and Number. } 1052 Pennsylvania Ave. City

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: White.

DATE OF BIRTH: ~~Jan 21st 1900~~

AGE: 7 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Louis Silverstein

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ida Oppenheimer

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: School boy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Oppenheimer

(Address) 1052 Penna. ave

Filed 1/22 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21" 1908

I HEREBY CERTIFY, That I attended deceased from Dec 24 1907 to Jan 21st 1908, that I last saw h[illegible] alive on Jan 21st 1908, and that death occurred, on the date stated above, at [illegible]

P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pyo pericarditis

(DURATION) 2 days

Contributory (Primary.) Septicemia

(DURATION) 49 DAYS

(Signed) Willis D. Gatch M.D.

Address Johns Hopkins Hospital

Date Jan- 21, 1908

Place of Burial Phila rd rose dale

Date Jan 22 1908

Undertaker Maryland

Address 1600 mc Elderry ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married, single or widow(er)) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B C 8757

C 8757

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Polly Fletcher

{ Residence, if in Baltimore, Give Street and Number. } Catonsville Md.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1845

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Bernard Fletcher

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Nellie Parrish

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Allen

(Address) Catonsville Md

Filed 1/22 190 HARRY G. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 20 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 17 1908 to Jan 20 1908

that I last saw h-e alive on Jan. 20 1908,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia and septicaemia from infection

(DURATION) 3 DAYS

Contributory (Primary) Bright's disease + infected hand (DURATION) 15 DAYS

(Signed) John F. Moore M.D.

Address St Josephs Hosp.

Date Jan. 20 1908

Place of Burial Cath Church Ford Co. Md

Date Jany 2 1908

Undertaker A. Fahey & Sons

Address 606 Baltimore Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8758

City of Baltimore, (No. 668, Haw St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lena Taylor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem
COLOR: Colored
DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)
AGE: 46 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
BIRTHPLACE (State or country): Va
FULL NAME OF FATHER: —
BIRTHPLACE OF FATHER (State or country): Va
MAIDEN NAME OF MOTHER: —
BIRTHPLACE OF MOTHER (State or country): —
OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Lyons
(Address) 668 Hunter St

Filed 1/22 1908 HARRY O. ANDREWS FIRST CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 18 1907 to Jany 20 1908.

that I last saw h[er] alive on Jany 17 1908,

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

(Time of death, reported by husband)

Grip (Bronchitic form) (DURATION) 5.6 DAYS

Contributory Nephritis, Chronic Interstitial (DURATION) about 5 years DAYS

(Signed) P. Kintzing M. D.

Jany 20 1908 (Address) 1823 N Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Ft Dubuin Cemetery
DATE OF BURIAL: Jan 22 1908
UNDERTAKER: Geo H Hoffman
ADDRESS: 609 Pitt St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

V

C 8759

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 8759

City of Baltimore, (No. 402 Bungunder Alley Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Belle Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widdow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Robert Griffin

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Md

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Thomas

(Address) 402 Bungunder Alley

Filed 1/22 1908

HARRY O. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 19 1907 to Jan 20 1908 that I last saw her alive on Jan 19 1908, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Primary: Lobular Pneumonia

Duration: 3 weeks (DURATION) ..... DAYS

Contributory: Paralysis

Duration: 1 year (DURATION) ..... DAYS

(Signed) D. J. Keenan M. D.

Jan 21 1908 (Address) 502 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? V Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. | DATE OF BURIAL: Jan 23 1908

UNDERTAKER: Geo H Hafer | ADDRESS: 604 Little Rich

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 8760 Registered No. B 170

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Brooks

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/22 1908 HARRY O. ARLETT, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 19 1908

I HEREBY CERTIFY, That I attended deceased from Aug 13 1907 to Jan 19 1908 that I last saw him alive on Jan. 19 1908 and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

..... (DURATION) ..... DAYS

Contributory (Primary.) Endo-carditis

Nephritis (DURATION) DAYS

(Signed) Robt. J. Bay M.D.

Address Bay View

Date Jan. 20 1908

Place of Burial Mt Auburn Cemetery

Date Jan 23 1908

Undertaker Geo H Hosier

Address 609 Little Pratt St

WM. J. C. DULANY CO., BALTIMORE.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 8761 Registered No. B

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 722 N Vincent St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Powell

{Residence, if in Baltimore, Give Street and Number.} 722 N Vincent St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 1 years, 7 months, 28 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Port Nat
FULL NAME OF FATHER	Joseph Powell
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Mary Stallens
BIRTHPLACE OF MOTHER (State or country)	Mary Stallens
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Powell

(Address) 722 Vincent St

Filed 1/22 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June. 20th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 4 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Lucas Bracchini M.D.

Address Two Log. Av. (Towson)

Date Jan 20th 1909

Place of Burial Mt Auburn Cemetery

Date Jan 22 1909

Undertaker Geo H Hooper

Address 607 Little Pacast

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8762 Registered No. B 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 144 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H. Galloway

{ Residence, if in Baltimore, Give Street and Number. } 144 Chestnut St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH June 8 1907

AGE 1 years, 6 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Henry Galloway

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Alvada Harris

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Harris

(Address) 144 Chestnut St

Filed 1/22 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 20 1908

I HEREBY CERTIFY, That I attended deceased from Consult Under 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. S. Hanlon M.D.

Address 1216 N Carolina Emergency

Date Jan 20 1908

Place of Burial Asbury

Date Jan 22 1908

Undertaker R. R. Elliott

Address 616 Regan Ave

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8763

City of Baltimore, (No. 1116 E Lexington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Satchel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: Uncertain (Month) (Day) 1866 (Year)

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: James Satchel

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife - Josephine Satchel

(Address)

Filed 1/22 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 24 1907 to Jan 20 1908

that I last saw him alive on Jan 20 1908,

and that death occurred, on the date stated above, at .....

.....M. The CAUSE OF DEATH was as follows:

Grippe (DURATION) 2 DAYS

Contributory Pneumonia (DURATION) 14 DAYS

(Signed) Wm Clyde Burns M. D.

Jan 21 1908 (Address) 2040 E Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	June 22 1908
UNDERTAKER	ADDRESS
R Elliott	506 Myrtle Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 8764 Registered No. B ..... C 8764

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CERTIFICATE OF DEATH.

(Place of Death.) No. 719 N. Duncan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Melcomb

{ Residence, if in Baltimore, Give Street and Number. } 719 N. Duncan St.

Duration of Residence in Baltimore. 25 yrs. C8764

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W. Wht

DATE OF BIRTH: Jan 1

AGE: 51 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Geo Melcomb

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Ironworker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Melcomb

(Address) 1313 Ashland Ave

Filed 1/22 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 21 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to January 21 1908 that I last saw h[illegible] alive on January 20 1908, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Dropsy and
congestion of Kidneys
Cirrosis of Liver

(DURATION) 7 months

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas J Timms M.D.

Address 1425 N Wolfe St

Date January 21 1908

Place of Burial Holy Redeemer

Date Jan. 23 1908

Undertaker Frank Leach

Address 1904 Ashland Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th C 8765 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1114 Scott St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles F Quandt

{Residence, if in Baltimore, Give Street and Number.} 1114 Scott St

Duration of Residence in Baltimore. 35 yrs C 8765

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Quandt

(Address) 1114 Scott St.

Filed 1/22 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 21 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1908 to Jan 21 1908

that I last saw h— alive on Jan 20 1908

and that death occurred, on the date stated above, at 12 A. M. CAUSE OF DEATH (Secondary or Immediate

Phthisis Pulm

(DURATION) 130 DAYS

Contributory (Primary.) —

(DURATION) 18 DAYS

(Signed) Edw Gundrum M.D.

Address 507 Hoad St

Date Jan 22 1908

Place of Burial Loudon Park Cemetery

Date Jan 23 1908

Undertaker Wm Andrew Rohde Sons

Address 725 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 8766 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Barry

{ Residence, if in Baltimore, Give Street and Number. } 1405 E Lexington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Usher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Holt

(Address) 1305 Wm Eldery

Filed 1/22 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21 1908

I HEREBY CERTIFY, That I attended deceased from Jan 17 1908 to Jan 21 1908 that I last saw him alive on Jan 21 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Willis D. Gatch M.D.

Address Johns Hopkins Hospital

Date January 22 1908

Place of Burial Balto Cem

Date 1/23/08 190

Undertaker J Kenny Son

Address 1008 Eldery

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B 6876

City of Baltimore, (No. 885, Lemon St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillie Annie Grap.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	~~Aug 30th~~ (Month) (Day) 1906 (Year)
AGE	1 years, 5 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Edward A. Grap.
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Sarah L. Shehan
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward A. Grap

(Address) 885 Lemon St.

Filed 1/22 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 19 1908 to Jan 20 1908 that I last saw h er alive on Jan 20 1908; and that death occurred, on the date stated above, at 1.45 P. M. The CAUSE OF DEATH was as follows:

Pneumonia But I suspected Diphtheria and had died bacteriological culture (DURATION) 1 DAYS

Contributory

(DURATION) DAYS

(Signed) A. D. Driscoll M. D.

Jan 20 1908 (Address) 261 S. Poppleton St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	1/22 1908
UNDERTAKER	ADDRESS
J. Henry Ofm	Orleans St.

2 P.M.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

1

(Place of Death.) No. 504 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hyman Sherman

{Residence, if in Baltimore, Give Street and Number.} 504 Druid Hill Ave.

Duration of Residence in Baltimore. 4 years.

C 8768

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH July 1902

AGE 5 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Simon Sherman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Hurwitz

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Simon Sherman

Address 504 Druid Hill Ave

Filed 1/22 1908

HARRY O. INDEST, Registrar
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1908

I HEREBY CERTIFY, That I attended deceased from Jan 21 1908 to Jan 21 1908 that I last saw him alive on Jan 21 1908 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Scarlatina

(DURATION) 4/ DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. Cole M.D.

Address 1503 E. Baltimore

Date Jan 22 1908

Place of Burial Selma Philip Rd Roondale

Date Jan 22, 1908

Undertaker Max Levinson

Address 1629 nc Eldersly st

1 P.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 8769 Registered No. B 44

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Smith

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. —

C 8769

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BAY VIEW ASYLUM
Lower Notch
Balt.

(Informant) .....

(Address) .....

Filed 1/22 1908

HARRY O. INDKOFER
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 20 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 19 1907 to Jan 20 1908

that I last saw h er alive on Jan. 20 1908

and that death occurred, on the date stated above, at 8 30 A. M. P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) ..... DAYS

Con'ributory (Primary.) Epithelioma of Arm

(DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View.

Date Jan. 20 1908

Place of Burial New Cathedral Cemetery

Date Jan. 22 nd. 1908

Undertaker Henry Hoeckel Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1022 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Wagner

{Residence, if in Baltimore, Give Street and Number.} 1022 N. Dallas St.

Duration of Residence in Baltimore. 42 years C8770

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1.....

AGE 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christian Wagner

(Address) 1022 N. Dallas St.

Filed 1/22 1908

HARRY O. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 20th 1908

I HEREBY CERTIFY, That I attended deceased from July 16th 1907 to Jany 20th 1908

that I last saw h alive on Jany 19th 1908

and that death occurred, on the date stated above, at 2 30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 6th years

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) S. A. Steiner M.D.

Address 1501 E Eager

Date Jany 21st 1908

Place of Burial Baltimore Cemetery

Date Jan. 23 rd 1908

Undertaker Henry Hoeck Sons

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B [redacted] 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1840 W. Mc Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Lewis Carter

{ Residence, if in Baltimore, Give Street and Number. } 1840 W. Mc Henry St

Duration of Residence in Baltimore. Lifetime C 8771

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH Sept 28th 1907	
AGE 1 years, 3 months, 23 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	John F. Carter
BIRTHPLACE OF FATHER (State or country)	Pennsylvania
MAIDEN NAME OF MOTHER	Sarah E Colhoner
BIRTHPLACE OF MOTHER (State or country)	Balto City
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F Carter

(Address) 1840 W. Mc Henry St

Filed 1/22 1908 HARRY O. ISRAELS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Jan 20th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 17" 1908 to Jan 20" 1908 that I last saw h-im alive on Jan 20th 1908, and that death occurred, on the date stated above, at 8:20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Collapse

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 2 DAYS

(Signed) W O Blaney M.D.

Address 1108 S. Gilmor st

Date Jany 20th 1908

Place of Burial Western Cem.

Date Jan. 22. 1908

Undertaker Josiah Susler

Address 1600 W. North Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C. 8772

City of Baltimore, (No. Belvidere near Belvidere & West Arlington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Rachel Nelson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: Feb (Month) 27 (Day) 1834 (Year)
AGE: 74 years, 11 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
BIRTHPLACE (State or country): Balto Md.
FULL NAME OF FATHER: Peyton Rose
BIRTHPLACE OF FATHER (State or country): Maryland
MAIDEN NAME OF MOTHER: Richards
BIRTHPLACE OF MOTHER (State or country): Maryland
OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Nelson (Per H.R.)
(Address) West Arlington

Filed 1/22 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 21 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased for last 2 - 3 mos.
from 19 to 19

that I last saw h alive on Jan 21 1908,
and that death occurred, on the date stated above, at 3.45 P. M. The CAUSE OF DEATH was as follows:

Dropsy for years duration
kidney & cardiac complication
Cerebral Haemmorhage was
immediate Cause of death (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Henry Russell M. D.
Jan 22 1908 (Address) West Arlington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem
DATE OF BURIAL: Jan 23 1908
UNDERTAKER: Geo J Smith Co
ADDRESS: 101 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8773

General German aged Home Registered No. B .....

City of Baltimore, (No. Baltimore & Payson St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Auguste Opitz

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Oct 12 1822
(Month) (Day) (Year)

AGE 85 years, 10 months, 8 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Breslau

FULL NAME OF FATHER August Schiffner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Charlotte Henzelz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Record of German Home

(Address) Balto & Payson Sts

Filed 1/22 1908

HARRY G. ANDREWS,
PERMIT CLERK & Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 20 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from December 1 1907 to January 20 1908

that I last saw her alive on January 19 1908,

and that death occurred, on the date stated above, at 8.35 P. M. The CAUSE OF DEATH was as follows:

Arteriosclerosis. Pericardial effusion.

(DURATION) 50 DAYS

Contributory Old age

(DURATION) DAYS

(Signed) L. G. Pritchard M. D.

Jan 22 1908 (Address) 1400 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt Carmel

DATE OF BURIAL Jan 22 1908

UNDERTAKER Jos B Cook

ADDRESS 1003 Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 8774 Registered No. B C 8774

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Franciscan Sysmn Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert Cullum Shore

{Residence, if in Baltimore, Give Street and Number.} 1921 Hollins St

Duration of Residence in Baltimore. 6 yr C8774

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH March 3 1893

AGE 14 years, 10 months, 18 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) W Va

FULL NAME OF FATHER Wm S. Shore

BIRTHPLACE OF FATHER (State or country) W Va

MAIDEN NAME OF MOTHER Mollie S Cullum

BIRTHPLACE OF MOTHER (State or country) W Va

OCCUPATION OF DECEASED School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm S Shore

(Address) 1921 Hollins St

Filed 1/22 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at 4

1. CAUSE OF DEATH (Secondary or Immediate) accidentally shot himself with 32 Caliber Pistol in 3rd Stry front room of his home 1921 Hollins St on Jan 20 1908 (DURATION) DAYS

Con~~tributory~~ ~~(Secondary)~~ 108 ct 4 hrs

(DURATION) DAYS

(Signed) Irving Jones M.D.

Address

Date Jan 22 1908

Place of Burial Londontown

Date Jan 23 1908

Undertaker J. J. Black

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C 8775 Registered No. 8

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1404 N Parrish Alley — St. (If Decd.'s occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Hills

{Residence, if in Baltimore, Give Street and Number.} 1404 N Parrish St

Duration of Residence in Baltimore. 4 mon

C 8775

PERSONAL AND STATISTICAL PARTICULARS	
SEX Fem'l	COLOR Col
DATE OF BIRTH	1843
AGE 64 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	md
FULL NAME OF FATHER	Henry Jenkins
BIRTHPLACE OF FATHER (State or country)	md
MAIDEN NAME OF MOTHER	Mary Smith
BIRTHPLACE OF MOTHER (State or country)	md
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Jones

(Address) 1404 Parrish St

Filed 1/22 1908

HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 21 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1907 to Jan 21 1908 that I last saw h alive on Jan 20 1908, and that death occurred, on the date stated above, at 3.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J Thomas Hilsen M.D.

Address 1300 N. Stricker St

Date Jan 21 1908

Place of Burial Cooper Chapel Chaneyville Md

Date Jan 23 1908

Undertaker Sam'l H. Chase Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 8776 Registered No. B 97

CERTIFICATE OF DEATH.

(Place of Death.) No. 1806 Lorman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm B. Hackett

{Residence, if in Baltimore, Give Street and Number.} 1806 Lorman St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: May 18 1907

AGE: 8 years, 8 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Hackett

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Isadore Platen

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Hackett

(Address) 1806 Lorman St.

Filed 1/22 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 - 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Jan 21 1908 that I last saw h alive on Jan 20 1908, and that death occurred, on the date stated above, at 12 -8-A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) asthenia (DURATION) 1 DAYS

(Signed) F. E. Dangherty M.D.

Address Prentiss Stryker

Date Jan 21 1908

Place of Burial Mt Lin Cem

Date Jan 22 nd 1908

Undertaker Sam'l H. Cockran

Address 400 Mosher St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 8777 Registered No. B [illegible]

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 704 N.Fremont Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarance L.Hagan,

{Residence, if in Baltimore, Give Street and Number.} 704 N.Fremont Ave.

Duration of Residence in Baltimore. 15 Years C8777

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: March 19 1866. 1

AGE: 41 years, 10 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Frederick Md.

FULL NAME OF FATHER: John C.Hagan.

BIRTHPLACE OF FATHER (State or country): Frederick Md.

MAIDEN NAME OF MOTHER: Margaret C.Briening.

BIRTHPLACE OF MOTHER (State or country): Frederick Md.

OCCUPATION OF DECEASED: Locomotive Engineer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mary E.Hagan,

(Address) 704 N.Fremont Ave.

Filed 1/22 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 22 1908

I HEREBY CERTIFY, That I attended deceased from Dec'r 1907 to January 22 1908

that I last saw him alive on 19th of Jan 1908,

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

2. Years 4. Months (DURATION) DAYS

Contributory (Primary) American Exhaustion (DURATION) DAYS

(Signed) J.K. Wiley M.D.

Address 9 W.N. Carey St.

Date January 22. 1908

Place of Burial New Cathedral.

Date January 23 1908. 190

Undertaker Geo.W.Little,

Address 531 N.Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 109 West Barney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Israel Meier C 8778

{Residence, if in Baltimore, Give Street and Number.} 109 W. Barney St—

Duration of Residence in Baltimore. 7 months ~~District No. 19, Columbus~~

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 26. 1834

AGE 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) New Jersey.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Glass blower.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Daisy Straub.

(Address) 109 W. Barney St

Filed 1/22 1908

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 11 1908

I HEREBY CERTIFY, That I attended deceased from Jan 17 1908 to Jan 20 1908

that I last saw h.. alive on Jan 19 1908

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 3 DAYS

Con'tributory (Primary.) Senility

(DURATION) Indefinite DAYS

(Signed) R. L. Campbell M.D.

Address 1644 Hanover St.

Date Jan 20 1908

Place of Burial Cedar Hill Cem

Date Jan 22- 1908

Undertaker Daisy and Margaret G. Flynn

Address 42 East West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 11 C 8779 Registered No. B [illegible]

CERTIFICATE OF DEATH. 11

(Place of Death.) No. 709 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Ringgold

{ Residence, if in Baltimore, Give Street and Number. } 709 Bradley

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH [illegible]

AGE 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jacob French

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Caroline Harris

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Ringgold

(Address) 709 Bradley St

Filed 1/22 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1 — 20 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20 1908 to Jan 20 1908

that I last saw h[illegible] alive on 1 20 1908

and that death occurred, on the date stated above, at 7 30 a M. CAUSE OF DEATH (Secondary or Immediate.)

79 Heart Disease

Sudden

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) L. S. Lloyd M.D.

Address 639 Franklin

Date 1 — 20 — 1908

Place of Burial Mt Auburn

Date Jan 22 1908

Undertaker Alex H Emsley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

120

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 8780

City of Baltimore, (No. , 1408 Division St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen S. Savage

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1 (Month) (Day) (Year)

AGE 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Henry Sanders

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Rebecca Lewis

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Lewis

(Address) 1408 Division St

Filed 1/22 1908

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 20 1908

that I last saw h er alive on Jan 20 1908,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

Several years (DURATION)

Contributory Cerebral Hemorrhage

(DURATION) 4 DAYS

(Signed) E K Ballard M. D.

Jan 20 1908 (Address) 16 Mt Royal

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Mt Auburn | DATE OF BURIAL Jan 22 1908

UNDERTAKER Chas H Hensley | ADDRESS [illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 8781 Registered No. B ..... C 8781

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 632 N. Broadway St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Dorsey

{ Residence, if in Baltimore, Give Street and Number. } 632 N. Broadway

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 17" 1839

AGE 68 years, 7 months, 3 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Joyce

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Dorsey

(Address) 632 N. Broadway

Filed 1/22 1908 HARRY O. ANDREWS, PARTIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 20" 1908

I HEREBY CERTIFY, That I attended deceased from Jan 16 1908 to Jan 20 1908

that I last saw him alive on January 1908

and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) La Grippe

(DURATION) 7 DAYS

(Signed) H. L. Grimm M.D.

Address 17 E Eutaw

Date Jan 27 1908

Place of Burial Cathedral Cemetery

Date Jany. 24" 1908

Undertaker Charles F. Evans

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 Registered No. B C 8782

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 114-16-18 W. North Ave. St. Luke's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary Rebecca Hutchenck

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 8782

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Jan 22 19[illegible]

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland Hartford Co

FULL NAME OF FATHER: Robert Hanna

BIRTHPLACE OF FATHER (State or country): Maryland Hartford Co

MAIDEN NAME OF MOTHER: Mary Jarvis

BIRTHPLACE OF MOTHER (State or country): Maryland Howard Co

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) J. Edgar Dean

(Address) Bel Air Md

Filed 1/22 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 22 1908

I HEREBY CERTIFY, That I attended deceased from Dec 18 1907 to Jan 22 1908 that I last saw h[illegible] alive on Jan 22 1908, and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or immediate)

Exhaustion due to anemia.

1 year (DURATION) 4 DAYS

Contributory (Primary.) Uremia

(DURATION) DAYS

(Signed) H. U. Deming M.D.

Address St Lukes Hospital

Date Jan 22 1908

Place of Burial Bel Air Md

Date Jan 25 1908

Undertaker John E Hough Co

Address 1122 Second ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8783 Registered No. B C 8783

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catrin Lewis

{ Residence, if in Baltimore, Give Street and Number. } 1425 Penna. Ave.

Duration of Residence in Baltimore. Four mos. C8783

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 12 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Richard Lewis

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Henrietta Turner

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: New boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Saunder

(Address) 1425 Penna Ave

Filed 1/22 1908 HARRY C. ARCHER, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 22 on 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Fracture skull

4 hrs. (DURATION) DAYS

Contributory (Primary.) Accident

(Secondary or Immediate) (DURATION) DAYS

(Signed) Silas Baeamin M.D.

Address 709 Laz. av. (Comp.)

Date Jan. 21 st 190 8

Place of Burial Mt Auburn Cemetery

Date Jan. 23 1908

Undertaker Felix B. Pyc

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH. 30

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Morris Bowman

{ Residence, if in Baltimore, Give Street and Number. } 913 Greenmount St

Duration of Residence in Baltimore. 2 C 8784

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 8 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Bowman

(Address) 913 Greenmount ct

Filed 1/22 1908 HARRY C. ADAMS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2 1908 to Jan 20 1908 that I last saw h[illegible] alive on Jan 20 1908 and that death occurred, on the date stated above, at 12 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of the Spine —

(DURATION) — DAYS

Contributory (Primary.) Epistaxis

& Hepatitis (DURATION) 7 DAYS

(Signed) H H Kahn M.D.

Address Balto City Hospital

Date Jan 20 1908

Place of Burial Dulaney Cemetery

Date January 22nd 1908

Undertaker Felix J Pye.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B

CERTIFICATE OF DEATH.

9.

(Place of Death.) No. 201 N. Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H. Zimmerman Jr

{Residence, if in Baltimore, Give Street and Number.} 201 N Monroe

Duration of Residence in Baltimore. Life C8785

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Apr 28 1900

AGE 7 years, 8 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Chas. H. Zimmerman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Emma Murbach

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H. Zimmerman

(Address) 201 N. Monroe

Filed 1/22 1908 HARRY O. ANDREWS PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1908

I HEREBY CERTIFY, That I attended deceased from Jan 16, 1908 to Jan 22 1908

that I last saw h[im] alive on Jan. 21 1908.

and that death occurred, on the date stated above, at 1.15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Hydrothorax.

(DURATION) 6 DAYS

Con'tributory (Primary) Paralysis Heart

(DURATION) DAYS

(Signed) Jas. C. Clarke M.D.

Address [redacted] Mad. Ave

Date Jan 22, 08. 190

Place of Burial London Park

Date Jan 23 1908

Undertaker H. J. Tickner & Sons

Address Camden & Paca

10 A.M.

WM. J. C. DULANY CO., BALTIMORE

James L. Clark 120 Madison

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8786 Registered No. B

C8786

47

CERTIFICATE OF DEATH.

(Place of Death.) No. 1004 Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James W Council

{ Residence, if in Baltimore, Give Street and Number. } 1004 Milton Ave

Duration of Residence in Baltimore. 2 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 11 1845

AGE 42 years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John T Council

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary E Douglass

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Council

(Address) 1004 Milton Ave

Filed 1/22 1908 HARRY O. ANDREWS, PARMLY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15th 1908 to Jan 20th 1908

that I last saw him alive on Jan 20th 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation, Nephritis, Dropsy Asthenia.

(DURATION) 2 months

Contributory (Primary) Rheumatism

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 1616 W Franklin St

Date Jan 20th 1908

Place of Burial St Michaels Md

Date Jan 22 1908

Undertaker W. J. Dickenson & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 8787 Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 320 W Fairmount Ave - (West) St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Thelma Annie Maggie Nine

{ Residence, if in Baltimore, Give Street and Number. } 320 W Fairmount Ave (West)

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 3 1907

AGE ..... years, 6 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md -

FULL NAME OF FATHER John Adam E. Nine

BIRTHPLACE OF FATHER (State or country) Balto Md —

MAIDEN NAME OF MOTHER Mary Dreistbeir

BIRTHPLACE OF MOTHER (State or country) Balto Md —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Adam Nine

(Address) 320 W Fairmount Ave

Filed 1/22 1908 HARRY C. ARGERSI PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan - 21 1908

I HEREBY CERTIFY, That I attended deceased from Jan 19 1908 to Jan 21 1908 that I last saw her alive on Jan 21 1908 and that death occurred, on the date stated above, at 2.5 P. M. CAUSE OF DEATH (Secondary or Immediate) Bronchopneumonia.

(DURATION) 2 DAYS

Contributory (Primary) Marasmus (DURATION) 6-8 wks.

(Signed) Edw Mahle M.D.

Address 1903 W Baltimore St.

Date January 21 1908

Place of Burial Loudon Park "

Date Jan 23 1908

Undertaker H S Frick

Address 2118 W Pratt St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 8788 Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2835 York Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josephine Marie Trombetta

{ Residence, if in Baltimore, Give Street and Number. } 2835. York Road,

Duration of Residence in Baltimore. Life time C 8788

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Jany 9 1908

AGE ..... years, ... months, 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Salvator Trombetta

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Marie Scappati

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Salvatore Trombetta

(Address) 2835 York Road

Filed 1/22 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 21 January 1908

I HEREBY CERTIFY, That I attended deceased from 9 January 1908 to 21 Jany 1908 that I last saw h.. alive on 21 Jany 1908, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Barroum M.D.

Address 204 N Greene

Date 21 January 1908

Place of Burial Cathedral Cemetery

Date Jany. 22 1908.

Undertaker Wm Coost

Address 502 E North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward IV

C 8789

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Parks.

{Residence, if in Baltimore, Give Street and Number.} 1552 Bunkum St.

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: B
DATE OF BIRTH: 1	
AGE: 7 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Child	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/22 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to Jan 19 1908 that I last saw h alive on Jan 19 1908, and that death occurred, on the date stated above, at 7.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchio Pneumonia

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) W W Baker M.D.

Address Balto City Hospital

Date Jan 20 1908

Place of Burial COLLEGE OF P & S.

Date JAN 21 1908 190

Commissioner Health,

Undertaker Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

#316

Ward ..... C 8790 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christina Klausner

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. C8790

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ger.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 1/22 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 20 1908

I HEREBY CERTIFY, That I attended deceased from May 20 1907 to Jan. 21 1908 that I last saw h[er] alive on Jan. 20 1908 and that death occurred, on the date stated above, at 6 9 M. CAUSE OF DEATH (Secondary or Immediate)

Uremia.

(DURATION) ..... DAYS

Con'tributory (Primary.) Nephritis

(DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Jan 20 1908

Place of Burial UNIVERSITY OF MARYLAND.

Date JAN 21 1908 190 ....

Undertaker Wagner-Pittmiller Health Dept

Address .....

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

#3/6

Ward 12 C 8791 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 2109 North Calvert Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew J White

{ Residence, if in Baltimore, Give Street and Number. } 2109 North Calvert

Duration of Residence in Baltimore. One Year

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 15 1881

AGE 26 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) North Carolina

FULL NAME OF FATHER Andrew J White

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER Harriet E Nelson

BIRTHPLACE OF MOTHER (State or country) North Carolina

OCCUPATION OF DECEASED Law Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Worthington

(Address) 2109 North Calvert St Balto

Filed 1/22 1908 HARRY C. ARTHURS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21 1908

I HEREBY CERTIFY, That I attended deceased from January 3 1908 to January 21 1908 that I last saw him alive on Jany 21 1908 and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary) Chronic Rheumatism

Nephritis (DURATION) DAYS

(Signed) R. Percy Smith M.D.

Address 1028 Cathedral St

Date January 22 1908

Place of Burial Chapanoke N. C.

Date Jany 22 "

Undertaker Hy W. Jenkins & Sons Co

Address 326 N. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE, MD.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

146

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 8792

Registered No. B.....

City of Baltimore, (No. 1007 E. Baltimore St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Francis Kane

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH Feb. (Month) ..... (Day) 1907 (Year)

AGE ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James P. Kane

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas P Kane

(Address) 2383 Gilmore

Filed 1/22 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 20 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 18 1908 to Jan. 20 1908 that I last saw h.. alive on Jan 20 1908, and that death occurred, on the date stated above, at 6.30 P.M. The CAUSE OF DEATH was as follows:

Acute Mastoiditis and Adenitis, General Malnutrition.

(DURATION) 21 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Herbert Halen M. D.

1908 (Address) 1007 E. Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death 3 Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Cathedral Cem. | DATE OF BURIAL: Jan. 22 1908

UNDERTAKER: Jno. A. Moran | ADDRESS: Balto & Amity

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH. C 8793

Registered No. B.....

City of Baltimore, (No. 430 Hiscott St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rachel Fell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 70 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Meyer Muskin

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mollie Muskin

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Poger London

(Address) 430 Hiscott st

Filed 1/22 1908

HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 1 (Month) 22 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 1-22 1908 to 1-22 1908

that I last saw h[illegible] alive on 1-22 1908,

and that death occurred, on the date stated above, at 9:50 A. M. The CAUSE OF DEATH was as follows:

A. Stenosis Pulmonalis

4 yrs (DURATION) ..... DAYS

Contributory Cardiac

Failure (DURATION) ..... DAYS

(Signed) E. L. Rafetto M. D.

1-22 1908 (Address) 116 N. Eighth

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery Helena — DATE OF BURIAL: Jan 24 1908

UNDERTAKER: J. Madeirman — ADDRESS: 1620 McElderry

Cat

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

112

CERTIFICATE OF DEATH.

Registered No. B C 8794

City of Baltimore, (No. 702, N Caroline St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Martin Meyer.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 21 (Day) 1829 (Year)

AGE: 79 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Geo. Meyer.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Tailor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Zimmer

(Address) 702 N. Caroline St

Filed 1/22 190 8

HARRY C. ANDRES, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct - 14 1907 to Jan. 20 1908 that I last saw h~~im~~ alive on Jan - 20 1908, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

ascites - Senile bronchitis asphyxia

(DURATION) 2 DAYS

Contributory Cirrhosis Liver

(DURATION) 100 DAYS

(Signed) Pierce F. Dawson M. D.

Jan - 21 1908 (Address) 121 - Jackson Sq.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Jan 22 1908

UNDERTAKER: A. Fink & Son ADDRESS: #916 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 2d C 8795 Registered No. B

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 215 S. Wolfe St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Margaret Hardengen

{Residence, if in Baltimore, Give Street and Number.} 215 S. Wolfe St.

Duration of Residence in Baltimore. 56 years C8795

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 5th 1838

AGE: 70 years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Nicolaus Salzig

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Noah

(Address) 215 S. Wolfe St

Filed 1/22 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany. 19- 1908

I HEREBY CERTIFY, That I attended deceased from about Jany. 1 1907 to Jany 19 1908

that I last saw h[illegible] alive on Jany 19 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

About one Year

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Geo. Wilkins M.D.

Address C. H. Brady

Date Jany 20 1908

Place of Burial Holy Redeemer Cemetery

Date January 23rd 1908

Undertaker Germanus France

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH. C 8796

Registered No. B.....

City of Baltimore, (No. 314 N Poppleton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emily J Hunter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Dec. 23. (Month) (Day) 1823 (Year)

AGE: 85 years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Manchester Pa

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Arnold Umbrage

(Address) 912 Mulberry St

Filed 1/22 1908 HARRY G. ARMES, PARLIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 21 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to Jany 20 1908

that I last saw h[illegible] alive on Jany 20 1908,

and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH was as follows:

Senile decay,

..... (DURATION) ..... DAYS

Contributory —

..... (DURATION) ..... DAYS

(Signed) Robert K Kneas M. D.

Jan 21 1908 (Address) 1001 W Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 23 1908

UNDERTAKER: H. C. Branning — ADDRESS: S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

Ward 12 — Registered No. B C 8797

C 8797

CERTIFICATE OF DEATH.

(Place of Death.) No. ..... St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Emmi Lillian Wagner.

{ Residence, if in Baltimore, Give Street and Number. } 24 Pontney St

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Feb 13th 1906

AGE 1 years, 11 months, 10 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles E. Wagner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lidonia M. Schreiner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lidonia M. Wagner

(Address) 24 Poulting St

Filed 1/22 1907 — BUREAU OF VITAL STATISTICS PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21st 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1908 to Jan 21st 1908

that I last saw her alive on Jan 21st 1908, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Bronchi-Pneumonia

(DURATION) 21 DAYS

Contributory (Primary.) Cord

(DURATION) 4 wks. DAYS

(Signed) Wm. McDonald M.D.

Address 1302 Linden Ave

Date Jan 21st 1908

Place of Burial Cedar Hill

Date Jan 23 1908

Undertaker Jos Stumterbeck

Address 1318 Light St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 8798 Registered No. B

CERTIFICATE OF DEATH. 36

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elija Norris

{ Residence, if in Baltimore, Give Street and Number. } 1040 N Lexington St

Duration of Residence in Baltimore.

C8798

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Eliza Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/22 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1908

I HEREBY CERTIFY, That I attended deceased from Jan 4 1908 to Jan 19 1908

that I last saw h alive on Jan 19 1908

and that death occurred, on the date stated above, at 11 45 P.M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Dilatation

(DURATION) DAYS

Con ributory (Primary) Syphilis

(DURATION) DAYS

(Signed) Robt C Bay M.D.

Address Bay View

Date Jan 21 1908

Place of Burial Elkridge Landing Howard Co Md

Date Jan 23 1908

Undertaker R Hellett

Address 502 Rogers Ave

BAY VIEW ASYLUM

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

Registered No. B C 8799

CERTIFICATE OF DEATH.

(Place of Death.) No. 1141 N. Mount St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Price

{Residence, if in Baltimore, Give Street and Number.} 1141 N. Mount "

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: April 14 1865

AGE: 42 years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm Hillery

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard E Price

(Address) 1141 n mount St

Filed 1/22 190 8

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 21 1908

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to Jany 21 1908 that I last saw h or alive on Jany 18 1908 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) — DAYS

Con'ributory (Primary.) Tuberculosis

(DURATION) — DAYS

(Signed) Geo. O. Shannon M.D.

Address 700 N. Fulton Ave

Date Baltimore Jany 21st 1908

Place of Burial London Park Cem

Date January 23 1908

Undertaker J. Bs. Breedens. Son

Address 217 S. Pace 4

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward [illegible] Registered No. [illegible]

CERTIFICATE OF DEATH.

112

(Place of Death.) No. Buck's Co Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edwin James

{ Residence, if in Baltimore, Give Street and Number. } 408 O'Donnell St.

Duration of Residence in Baltimore. 27 yrs. C8800

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Thomas James

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Margaret Jane —

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie M. James

(Address) 408 O'Donnell St

Filed 1/23" 1908

HARRY O. ANDERSON
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 26 1907 to Jan 22 1908

that I last saw him alive on Jan. 22 1908 4.30

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver.

& Dropsy —

(DURATION) 3 5 DAYS

Contributory (Primary) Exhaustion

(DURATION) 7 DAYS

(Signed) W. W. Eaker M.D.

Address Buck's Co Hospital

Date Jan 22 1908

Place of Burial Oak Lawn Cemetery

Date 1/25/08 1908

Undertaker J. Henry Sons

Address 1908 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 8801

Registered No. B.....

City of Baltimore, (No. 937 W. Lexington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Elizabeth LeCompte.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR white

DATE OF BIRTH Aug 12 1843 (Month) (Day) (Year)

AGE 64 years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Vandyford

BIRTHPLACE OF FATHER (State or country) don't know Md.

MAIDEN NAME OF MOTHER Sarah Austin

BIRTHPLACE OF MOTHER (State or country) do Md.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. E. Lougan

(Address) 816 N. Eutaw St.

Filed 1/23" 1908

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 14 1906 to Jan 22 1908

that I last saw h er alive on Jan 21 1908,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

abt 10 yrs (DURATION) DAYS

Contributory fever & exhaustion 3 weeks (DURATION) DAYS

(Signed) H. E. Krantz M. D.

Jan 22 1908 (Address) 100 2d St. Laval

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? Queen Anne Co

PLACE OF BURIAL OR REMOVAL Stevensville Md

DATE OF BURIAL Jan 22 1908

UNDERTAKER Geo J Smith & Co

ADDRESS 1000 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 C 8802 Registered No. B C 8802

CERTIFICATE OF DEATH. 1

(Place of Death.) No. 430 S. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katie Beider

{ Residence, if in Baltimore, Give Street and Number. } 430 S. Stricker St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 2 1905

AGE: 3 years, — months, — days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm F. Beider

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Burke

(Address) 17 S. Calhoun St

Filed 1/23 1908 HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 22, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 17 1908 to Jan. 22 1908 that I last saw he alive on Jan 22, 1908 and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malignant Scarlatina

(DURATION) 4 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John Hood, M.D.

Address 630 N. Gilmor St

Date January 22, 1908

Place of Burial Western Cemetery

Date Jan 23rd 1908

Undertaker Robt Brockerson

Address 17 S Calhoun St

9½ A M

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8803 Registered No. B

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 2869 Woodbrook ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Logan G Miller

{ Residence, if in Baltimore, Give Street and Number. } 2869 Woodbrook ave

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH —— 1

AGE 52 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Portsmouth Va

FULL NAME OF FATHER John H Miller

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Martha E Brooks

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mr Jas T Miller

(Address) 2100 Bolton St.

Filed 1/23 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 21 1908

I HEREBY CERTIFY, That I attended deceased from Jany 4 1908 to Jany 21 1908 that I last saw him alive on Jany 21 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Oedema of the lungs

(DURATION) DAYS

Contributory (Primary.) La grippe followed by capillary bronchitis (DURATION) DAYS

(Signed) Fred L Jewett M.D.

Address 2208 North Fulton Ave

Date Jany 22 1908

Place of Burial London Park Cemetery

Date Jany. 23rd 1908

Undertaker William Cook

Address 532 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8804 Registered No. B .....

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 632 N. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henrietta Griffin

{ Residence, if in Baltimore, Give Street and Number. } 632 N. Biddle St.

Duration of Residence in Baltimore. 50 Yrs. C8804

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Mch — 1852

AGE 55 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Bowen.

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Mary 2 Jones.

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mattie Griffin

(Address) 632 N Biddle St

Filed 1/23 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 17th 1907 to Jany 21st 1908.

that I last saw her alive on Jany 21 1908.

and that death occurred, on the date stated above, at 7.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchio Pneumonia (DURATION) 35 DAYS

Contributory (Primary.)

Pulmonary Oedema (DURATION) 10 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1305 N. North Av.

Date Dated Jany 22 1908.

Place of Burial Winchester, Queen Anne Co. Md.

Date Jan. 24 1908

Undertaker Alex. Hemsley

Address ~~Jan. 24~~, 517 N. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. BC 8805

City of Baltimore, (No. 607 N. Conway St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Mary Young

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1 Year)

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER James Young

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Anna M. Knotts

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Marshall

(Address) 607 N. Conway

Filed 1/23 1908 HARRY G. ARDEN, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 23rd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to Jan 22nd 1908

that I last saw her alive on Jan 22nd 1908

and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Pr Thesis

Several Years (DURATION) ..... DAYS

Contributory Asthma

2 weeks (DURATION) ..... DAYS

(Signed) H. J. Carrick M. D.

190 (Address) 1417 N. Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt Olivet Cem — DATE OF BURIAL Jan 25 1908

UNDERTAKER Wm J. Tickner & Sons — ADDRESS 415 N. Camden St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 Registered No. B [illegible] 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 Russell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary J. Ritter

{Residence, if in Baltimore, Give Street and Number.} 915 Russell St

Duration of Residence in Baltimore. Life C 8806

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 29. 1860

AGE 47 years, 8 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Constant Schimpf

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Marian Steinmetz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aug. Ritter

(Address) 915 Russell St

Filed 1/23 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21 1908

I HEREBY CERTIFY, That I attended deceased from March 1907 to Jan 20 1908 that I last saw h[illegible] alive on Jan. 20 1908 and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

6 hours. (DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (Stephritis) (DURATION) 365 DAYS

(Signed) M. C. Fleisinger M.D.

Address 402 S. Clinton St

Date Jan. 21 - 1908

Place of Burial Mt Carmel Cem

Date January 23 1908

Undertaker Wm J. Tiehnen & Sons

Address 425 W. Camden St

WM. J. C. DULANY CO., BALTIMORE.

Dr Fleisinger

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 8809 Registered No. B C 8809

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 1704 Hoffman Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Monmouth

{Residence, if in Baltimore, Give Street and Number.} 1704 Hoffman Place

Duration of Residence in Baltimore. Va C 8807

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: colored

DATE OF BIRTH: 1

AGE: 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Wm Monmouth

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Monmouth

(Address) 1704 Hoffman Place

Filed 1/23 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1908

I HEREBY CERTIFY, That I attended deceased from Nov 11 1907 to Jan 20 1908 that I last saw him alive on Jan 20 1908, and that death occurred, on the date stated above, at 6.35 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cachexia. Dropsy

Continued

(DURATION) 72 DAYS

Contributory (Primary) 2 months (DURATION) 12 DAYS

(Signed) Dr. H. W. Kennard M.D.

Address 704 Enon do

Date 1-21- 1908

Place of Burial National Cem

Date Jan 23 1908

Undertaker R. A. Elliott

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8808

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 219 N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Blades

{Residence, if in Baltimore, Give Street and Number.} 219 N. Bruce St

Duration of Residence in Baltimore. Life C8808

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Samuel Blades

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maggie Blades

(Address) 219 N Bruce St

Filed 1/23 1908 HENRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 1908

I HEREBY CERTIFY, That I attended deceased from Sept 20 1907 to Jan 21 1908

that I last saw h[illegible] alive on Jan 21 1908

and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate

Phthisis Pulmonalis

4 mos (DURATION) DAYS

Contributory (Primary.) Anaemia

[illegible] yrs (DURATION) DAYS

(Signed) E J Howard M.D.

Address 739 W Fayette

Date Jan 24 1908

Place of Burial Mt Auburn

Date Jan 23 rd 1908

Undertaker Alfred J Poeland

Address 106 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 Registered No. 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 635 Penn Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaac Scott

{Residence, if in Baltimore, Give Street and Number.} 635 Penn alley

Duration of Residence in Baltimore.

C 8809

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR B

DATE OF BIRTH Jan 22 1

AGE ..... years, ... months, 1 hour days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Isaiah Scott

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaiah Scott

(Address) 635 Penn. Alley

Filed 1/23 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan - 22 1908

I HEREBY CERTIFY, That I attended deceased from Jan 19 1908 to Jan 22 1908

that I last saw h ..... alive on ..... 190...,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Insanition

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) P J Martin M.D.

Address .....

Date Jan 23 1908

Place of Burial Mt Auburn

Date Jan 23 1908

Undertaker A. J. Freeland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91

C 8810

CERTIFICATE OF DEATH.

Registered No. BC ~~8809~~

City of Baltimore, (No. 415 Eaton Lane St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles F. Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Col

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 26 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Ed- Smith

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Rosa Smothers

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lottie Baskett X mark

(Address) 874 Pierce St, Balto Md

Filed 1/23 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 21 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 18 1908 to Jan 21 1908 that I last saw him alive on Jan 18 1908, and that death occurred, on the date stated above, at 2.45 P. M. The CAUSE OF DEATH was as follows:

Bronchitis

..... DURATION ..... DAYS

Contributory .....

..... DURATION ..... DAYS

(Signed) J. Tyler Smith M. D.

Jan 22 1908 (Address) 727 N. Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL mt auburn cemetery — DATE OF BURIAL Jan 23 1908

UNDERTAKER John H Toadvine — ADDRESS 142 N Hill St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, occupation, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. BC 8811

City of Baltimore, (No. 225 N Arch St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leroy Sherwood

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: Feb (Month) 28 (Day) 1906 (Year)	
AGE: 1 years, 10 months, 21 days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Baltimore Md	
FULL NAME OF FATHER: Richard Haywood	
BIRTHPLACE OF FATHER (State or country): Balto Md	
MAIDEN NAME OF MOTHER: Lillie Sherwood	
BIRTHPLACE OF MOTHER (State or country): Balto Md	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Sherwood

(Address) 225 N Arch St

Filed 1/23 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 21 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 19 1908 to Jan 21 1908 that I last saw h[er] alive on Jan 20 1908, and that death occurred, on the date stated above, at 3.30 a. m. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 7 DAYS

Contributory Asthenia

(DURATION) DAYS

(Signed) Hilleary E Burton M. D.

Jan 21 1908 (Address) 762 Dorsey Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Jan 23 1908
UNDERTAKER: R T Elliott	ADDRESS: 606 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C 8812 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 136 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johanna Etzel

{ Residence, if in Baltimore, Give Street and Number. } No. 136 N. Castle St.

Duration of Residence in Baltimore. About 45 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 20 1839

AGE: 68 years, 8 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Frank Meisenhalter

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Simon Etzel

(Address) 136 N. Castle St

Filed 1/23 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 22, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1908 to Jan. 22, 1908 that I last saw h alive on Jan. 22, 1908, and that death occurred, on the date stated above, at 11.25 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

(General Dropsy)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. A. Cleveland, M.D.

Address 1244 Harlem Ave

Date Jan. 22, 1908

Place of Burial Holy Redeemer

Date Jan. 25 1908

Undertaker Jos J. Kess

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

C 8813

Registered No. B.....

City of Baltimore, (No. 818, Wellow St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James R. Mattee

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Mattee

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Eliza J. Sommerman

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Bartender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Kate Mattee

(Address) 818 Wellow St.

Filed 1/23 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 21 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 24th 1907 to Jan 21st 1908

that I last saw him alive on Jan 21st 1908,

and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Complication of diseases

Two Months (DURATION) ..... DAYS

Contributory Exhaustion

Two weeks (DURATION) ..... DAYS

(Signed) J. Mattee M. D.

Jan 21 1908 (Address) 621 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: June 24 1908

UNDERTAKER: Henry Hooker & Son

ADDRESS: 1301 E. Eager St.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Zickel

{Residence, if in Baltimore, Give Street and Number.} 242 S Bond St

Duration of Residence in Baltimore. Life C8714

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John H Zickel

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Lizetta Glaser

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Zickel P H E

(Address) 2200 Baston St

Filed 1/23 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 — 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Fracture of 3rd Cerv. Vertebral (Fall from ladder.) (Accidental)

DURATION DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carter M.D.

Address Coroners Dept

Date Jan 22-08 190

Place of Burial Loudon Park

Date Jan 24 1908

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1018 W. Lanvale St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Amelia Abbaugh

{Residence, if in Baltimore, Give Street and Number.} 1018 W. Lanvale St

Duration of Residence in Baltimore. C8815

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 1 1

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: David W White

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Jane White

BIRTHPLACE OF MOTHER (State or country): England?

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Abbaugh

(Address) 1018 W Lanvale

Filed 1/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1908

I HEREBY CERTIFY, That I attended deceased from Jan 14 1908 to Jan 22 1908 that I last saw her alive on Jan 21 1908, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Cardiac Hypertrophy (DURATION) 2 yrs

(Signed) John Erdle M.D.

Address 647 W. Lafayette Ave

Date Jan 22 1908

Place of Burial Bitto Cem

Date Jan 25 1908

Undertaker John E Hough Co

Address 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

77

CERTIFICATE OF DEATH.

Registered No. B C 8816

City of Baltimore, (No. 1500, Mary Terrace Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry L. Kaufman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feby. (Month) 2nd (Day) 1865 (Year)

AGE: 42 years, 11 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Hy. Kaufman

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Knoblock

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Tinner Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Pauline Kaufman

(Address) 1500 Mary Terrace

Filed 1/23 1908

HARRY O. ARDINGER
PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 21st (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 17 1908 to Jany 21st 1908

that I last saw him alive on Jany 19 1908,

and that death occurred, on the date stated above, at 12 noon. The CAUSE OF DEATH was as follows:

Consumption of left lung.
Followed by Pneumonia
in same lung.

(DURATION) 15 DAYS

Contributory Meningeal tubercular
Toxic (DURATION) 14 DAYS

(Signed) C. E. Smith M. D.

Jany 21 1908 (Address) 1605 N Rose Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	Jan 23 1908
UNDERTAKER	ADDRESS
Howe & Hough Co	1422 Penna Ave

Ward 19 C 8817 Registered No. B C 8817

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2004 Mt Royal Terrace St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John T. Rice Jr.

{Residence, if in Baltimore, Give Street and Number.} 2004 Mt Royal Terrace

Duration of Residence in Baltimore. Life Time C 8817

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH	September 22 1891
AGE	16 years, 4 months, 0 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	John T. Rice
BIRTHPLACE OF FATHER (State or country)	Kansas
MAIDEN NAME OF MOTHER	Ada M. Keller
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Rice

(Address) 2004 Mt. Royal Terrace

Filed 1/23 1908 HARRY C. ARDINGS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 13th 1908 to Jan. 22nd 1908 that I last saw him alive on Jan. 21 1908 and that death occurred, on the date stated above, at 5- A.M. CAUSE OF DEATH (Secondary or Immediate)

Accumulation of fluid and gases causing pressure on lungs and heart -

(DURATION) DAYS

Contributory (Primary) Pneumonia and also Complications (DURATION) DAYS

(Signed) Howard A. Silver M.D.

Address 1914 Bolton St

Date Jan 22nd 1908

Place of Burial Mt. Olivet Cemetery

Date Jan 24 1908

Undertaker Stewart & Mowen Co.

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8818 Registered No. B

CERTIFICATE OF DEATH. 97

(Place of Death.) No. 514 Bradley Ct. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cora Campbell

{ Residence, if in Baltimore, Give Street and Number. } Leeabove

Duration of Residence in Baltimore. 20 days C8818

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER Albert Campbell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lillie Nutt

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Campbell

(Address) 514 Bradley Ct.

Filed 1/23 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany. 20 1908

I HEREBY CERTIFY, That I attended deceased from Jany. 12 1908 to Jany 20 1908 that I last saw h.. alive on Jany. 1 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary) Bronchial Pneumonia

(DURATION) DAYS

(Signed) R. L. Blake M.D.

Address 1928 Eutaw St

Date Jany 20 1908

Place of Burial UNIVERSITY OF MARYLAND.

Date JAN 22 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8819 Registered No. B .....

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 830 Walnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Earl Brown

{ Residence, if in Baltimore, Give Street and Number. } 830 Walnut St

Duration of Residence in Baltimore. Life C 8819

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Sept 13th 1907

AGE: — years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thomas Brown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Catherine Walker

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Brown

(Address) 620 Stockton St.

Filed 1/23 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 20th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

from birth (DURATION) ..... DAYS

Con'ributory (Primary)

(DURATION) ..... DAYS

(Signed) Edgar Balcomb M.D.

Address 700 Eag. ave. Canton

Date ..... 190 .....

Place of Burial UNIVERSITY OF MARYLAND

Date JAN 22 1908 190

Undertaker Commissioner Health.
Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., Baltimore. FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward 8th

Registered No. B C 88:20

10⁹

CERTIFICATE OF DEATH.

(Place of Death.) No. 2708 Boston St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Miller

{ Residence, if in Baltimore, Give Street and Number. } 2708 Boston St.

Duration of Residence in Baltimore. 37 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 23rd 1831

AGE 76 years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. L. Lechthaler

(Address) 2708 Boston St.

Filed 1/23 1908 MARRY C. ANITPOR Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 24th 1908

I HEREBY CERTIFY, That I attended deceased from January 6th 1908 to January 24 1908

that I last saw h[illegible] alive on January 24 1908,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Indigestion

Intestinal Obstruction

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. J. Williams M.D.

Address 1908 Chapel

Date January 24 1908

Place of Burial Baltimore Cemetery

Date Jan. 23rd 1908

Undertaker E. SANDER & SONS.

Address 1708-1710 Canton Avenue

S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 8821

CERTIFICATE OF DEATH.

(Place of Death.) No. 711 W. Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herbert E. Chelf

{Residence, if in Baltimore, Give Street and Number.} 711 W. Calvert St.

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 23 1870
AGE	37 years, 5 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Va.
FULL NAME OF FATHER	James F. Chelf
BIRTHPLACE OF FATHER (State or country)	Va.
MAIDEN NAME OF MOTHER	Lucy F. Whitescarver
BIRTHPLACE OF MOTHER (State or country)	Va.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie E. Chelf

(Address) 711 W. Calvert St

Filed 1/23 1908 HENRY J. ANDREAE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Jan 21 1908 that I last saw h in alive on Jan 21 1908, and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Lungs & Cardiac asthenia

(DURATION) 2 DAYS

Contributory (Primary.) Tuberculosis of Lungs (DURATION) 2 years

(Signed) Joseph Gichner M.D.

Address 1516 Madison Ave

Date Jan 23 1908

Place of Burial Loudon Park Cemetery

Date Jan. 23, 1908

Undertaker Henry W. Means & Son

Address 865 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8822 Registered No. D

91

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Clifford

{ Residence, if in Baltimore, Give Street and Number. } C 8822

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	W.
DATE OF BIRTH	1829
AGE	78 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Michael Clifford
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	Margaretta Parson
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Gardener

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Cleary

(Address) Preston & Valley sts

Filed 1/23 1908 HARRY C. ARMIGER, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan: 22d 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1st 190 to 190

that I last saw him alive on Jany 190 8,

and that death occurred, on the date stated above, at 11.30 p.m. CAUSE OF DEATH (Secondary or Immediate.)

Chronic bronchitis

unknown (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A Warner M.D.

Address 1133 Valley st

Date Jany 23 1908

Place of Burial St Peters

Date Jan 24th 1908

Undertaker H. C. Weidefeld

Address 914 Greenmt ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C 8823 81

C 8823

CERTIFICATE OF DEATH.

(Place of Death.) No. 321 Wilson St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah J. Barton

{Residence, if in Baltimore, Give Street and Number.} 321 Wilson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 85 years, 10 months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Robert Craggs

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Susan Lang

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 321 Wilson St

Filed 1/23 1908 HARRY O. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21st 1908

I HEREBY CERTIFY, That I attended deceased from 12-10 1907 to 1-21 1908

that I last saw h alive on 1-20 1908,

and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure, due to Atheromatous degeneration of the arteries, from age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lightner M.D.

Address 211 W. Lanvale

Date Jan 21st 1908

Place of Burial Greenmount

Date Jan 23d 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

Ward 17 C 8824

CERTIFICATE OF DEATH.

(Place of Death.) No. Provident Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Haskell

{Residence, if in Baltimore, Give Street and Number.} 406 W Hamburg

Duration of Residence in Baltimore. 14 years C8824

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 33 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Washington Haskell

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Isabella French

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible] Barca

(Address) 528 n Lee st

Filed 1/22 1908

HARRY O. ASHCRAFT PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 22 1908 that I last saw h[illegible] alive on Jan 21 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) 1 hr DAYS

Contributory (Primary.) Lobar Pneumonia

(DURATION) 16 DAYS

(Signed) H S M Leary M.D.

Address 2005 O St. Nw

Date Jan 22 1908

Place of Burial Fredericksburg Va

Date Jan 23 1908

Undertaker John H Goodwin

Address 142 N Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 Registered No. B

CERTIFICATE OF DEATH.

28

(Place of Death.) No. 318 S. Bond St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Sarah Berger

{Residence, if in Baltimore, Give Street and Number.} 318 S. Bond.

Duration of Residence in Baltimore. Life. C8825

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Mar 4 1906

AGE 1 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Nathan Berger

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Mary Steiner

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dolly Klayman

(Address) 412 S. Spring st.

Filed 1/23 1908 HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 23 1908

I HEREBY CERTIFY, That I attended deceased from Jany 17 1908 to Jany 23 1908 that I last saw h Er alive on Jany 22 1908, and that death occurred, on the date stated above, at 12 Noon. CAUSE OF DEATH (Secondary or Immediate)

General Asthenia

(DURATION) DAYS

Contributory (Primary.) Tuberculous Meningitis (DURATION) 5 DAYS

(Signed) M. A. Weinberg M.D.

Address 742 W Fayette St.

Date Jany 23 1908

Place of Burial Trinity Cem.

Date Jan. 24" 1908

Undertaker Strudell & Sippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8826 Registered No. B

CERTIFICATE OF DEATH.

67

(Place of Death.) No. 1155 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin Franklin Gruber Jr

{ Residence, if in Baltimore, Give Street and Number. } 1155 N. Mount St

Duration of Residence in Baltimore... 32 Years

C 8826

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Feb 23 1845

AGE 62 years, 10 months, days

1907
1845
62
1907

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Geo. Gruber

BIRTHPLACE OF FATHER (State or country) Don't Know

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (State or country) Don't Know

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Benjamin F. Gruber Jr

(Address) 1155 N. Mount St

Filed 1/23 1908

HARRY C. ANDREAE
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1908

I HEREBY CERTIFY, That I attended deceased from Oct 9th 1906 to Jan 22 1908

that I last saw him alive on Jan 22 1908,

and that death occurred, on the date stated above, at 10.35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) DAYS

Contributory (Primary.) Senile Paralysis

Several weeks (DURATION) DAYS

(Signed) G. M. Lilienthal M.D.

Address 212 N. Franklin St

Date Jan. 23rd 1908

Place of Burial Prospect Hill Ft. Pa

Date Jan 25th 1908

Undertaker Geo. Weber

Address 1155 N. Carey

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B 8827

City of Baltimore, (No. 1154 N. Stricker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Doon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: July (Month) 15 (Day) 1869 (Year)

AGE: 38 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Doon

(Address) 1154 N. Stricker

Filed 1/28 1908

HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 23 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 23 1908 that I last saw h— alive on Jan 12 1908, and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH was as follows:

Suffocation Metastic Opacity

(DURATION) about 1 Mon

Contributory Et Cerebrum

(DURATION) DAYS

(Signed) Joh H Markham M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Jan 26 1908

UNDERTAKER: Geo. Weber

ADDRESS: 1153 W. Lanvale

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 41

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8828

Registered No. B.....

City of Baltimore, (No. Notre Dame Asquith St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sister M Barbara Sommer

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: January (Month) 9 (Day) 1844 (Year)	
AGE: 64 years, ... months, 13 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John Sommer
BIRTHPLACE OF FATHER (State or country)	Baroma
MAIDEN NAME OF MOTHER	Catherine Klug
BIRTHPLACE OF MOTHER (State or country)	Wittenberg Baroma
OCCUPATION OF DECEASED	Religious Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Clarissa

(Address) Notre Dame Asquith & Govanstown Pike

Filed 1/23 1908

HARRY G. [illegible], PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH: January (Month) 22 (Day) 1908 (Year)	

I HEREBY CERTIFY, That I attended deceased from Nov 23 1907 to January 22 1908, that I last saw her alive on January 21 1908, and that death occurred, on the date stated above, at 10 a. M. The CAUSE OF DEATH was as follows:

Carcinoma Corcum (DURATION) 18 Mos DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) F J Kelly M. D.

Jan 22 1908 (Address) 110 E Northam

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Govanstown Priest	Jan 24 1908
UNDERTAKER	ADDRESS
A. Fink & Son	915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6

C 8829

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1628 Hoffman Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Pratt

{Residence, if in Baltimore, Give Street and Number.} 1628 ~~Hoffman~~ Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Man | COLOR: white

DATE OF BIRTH: Dec 1 1856

AGE: 51 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Pratt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaretta Heer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Pratt

(Address) 1628 Hoffman

Filed 1/24 1908

HARRY G. ARNOLD, Registrar's PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 22 1908

I HEREBY CERTIFY, That I attended deceased from Jan 11 1908 to Jan 22 1908

that I last saw h[illegible] alive on Jan 20 1908

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Paralysis (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) W. W. Duke M.D.

Address 1101 N. Bway

Date Jan 22 1908

Place of Burial Loudon Park

Date January 24 1908

Undertaker Robt Turner

Address 1412 N. Bway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 50

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Station St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia Gaines

{Residence, if in Baltimore, Give Street and Number.} Richmond Va C8830

Duration of Residence in Baltimore. Died on train at Sta-

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH 1

AGE 45 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Washington Brooke

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Eliza Mitchell

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Beulah Nelson Sister

(Address)

Filed 1/24" 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 23 1908

I HEREBY CERTIFY, That I attended deceased from As Brown 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7:12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia, due to Diabetes, right arm amputated, left in bad Condition (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) J. D. Gebhart M.D. Coroner of Tazewell

Address 211 W. Lanvale

Date 1-23- 1908

Place of Burial Richmond Va

Date January 23rd 1908

Undertaker Felix B Pye

Address 102 E Mulberry st,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1515 Druid Hill Ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Daniel & Mary Brooks

{Residence, if in Baltimore, Give Street and Number.} 1515 Druid Hill Ave.

Duration of Residence in Baltimore. Lifetime. C8831

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	Male	DATE OF DEATH	Jan. 23rd 1908
COLOR	Colored	I HEREBY CERTIFY, That I attended deceased from	Jan. 23 1908
DATE OF BIRTH	Jan 23 1908	to	Jan. 23 1908
AGE	Few Hours (years, months, days)	that I last saw h[illegible] alive on	Jan 23 1908
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—	and that death occurred, on the date stated above, at	[illegible] M.
BIRTHPLACE (State or country)	Balto City	CAUSE OF DEATH (Secondary or Immediate)	Asthenia.
FULL NAME OF FATHER	Daniel Brooks		
BIRTHPLACE OF FATHER (State or country)	Washington D. C.		
MAIDEN NAME OF MOTHER	Mary Anderson	(DURATION)	DAYS
BIRTHPLACE OF MOTHER (State or country)	Balto Md	Contributory (Primary.)	Prematurity
OCCUPATION OF DECEASED	none	(DURATION)	DAYS
		(Signed)	W. J. Carr Jr. M.D.
		Address	515 Mosher St.
		Date	Jan. 23rd 1908
		Place of Burial	Laurel Cemetery
		Date	Jan 24 1908
		Undertaker	Felix B Pyc
		Address	102 E. Mulberry St

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Brooks.

(Address) 1515 Druid Hill ave

Filed 1/24" 1908 HARRY C. [illegible] Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

92

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 8832

Registered No. B

City of Baltimore, (No. 15 N. Amity St.; 18 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ephraim Fried.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: September (Month) (Day) 1907 (Year)

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Louis Fried.

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mollie Benesh.

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Fried

(Address) 15 N Amity

Filed 1/24 1908

HARRY C. ... Registrar

HARRY GILL.

WM. J. C. DULANY CO. Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 23 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from January 22 1908 to January 22 1908

that I last saw him alive on January 22 1908,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Bronchio Pneumonia

(DURATION) 10 DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) M. Hirschman M. D.

Jan 23 1908 (Address) 900 E Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? / Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Forrest Cemetery Hebrew — DATE OF BURIAL: Jan 24 1908 P

UNDERTAKER: Max Levinson — ADDRESS: 1620 McElderry St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8833

Registered No. B .....

City of Baltimore, (No. 2313 E. Chase St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Lena Connolly

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White.

DATE OF BIRTH: January 8 (Month) (Day) 1908 (Year)

AGE: ~ years, ~ months, 15 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: John T. Connolly.

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Lena Dieter

BIRTHPLACE OF MOTHER (State or country): Balto. County

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Connolly

(Address) 2313 E. Chase St.

Filed 1/24 1908 HARRY C. [illegible] Registrar

PUBLIC CITIES

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 23. (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 5. 1908 to Jany 23. 1908 that I last saw h[illegible] alive on " " 1908, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Tubercular Meningitis

(DURATION) 15 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Geo. A. Hartman M. D.

Jany 23 1908 (Address) 1131 N. Caroline St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	Jan. 24 1908
UNDERTAKER	**ADDRESS**
A. Fink & Son	916 N. Gay St.

Ward 7 C 8834 Registered No. B 53

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Keenan

{Residence, if in Baltimore, Give Street and Number.} 1508 Thames St

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. C. Day

(Address) 1508 Thames St

Filed 1/24 1908 HARRY C. ARNOLD, PARITY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 23 1908

I HEREBY CERTIFY, That I attended deceased from Dec 17 1907 to Jan 23 1908 that I last saw h[illegible] alive on Jan 23 1908, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hodgkins Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Willis D. Gatch M.D.

Address Johns Hopkins Hosp

Date January 24 1908

Place of Burial Mt Carmel

Date January 24 1908

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 (C 8835) Registered No. 167

CERTIFICATE OF DEATH.

(Place of Death.) No. 1746 Clarkson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert L. Ross

{Residence, if in Baltimore, Give Street and Number.} 1746 Clarkson St.

Duration of Residence in Baltimore. Life C8835

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Mar 14 1906

AGE 1 years, 10 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Albert J Ross

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Jessie R Ketchfield

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jessie R. Ross

(Address) 1746 Clarkson

Filed 1/24 1908 HARRY C. ARIENS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23 1908

I HEREBY CERTIFY, That I attended deceased from Jan 21 1908 to Jan 22 1908

that I last saw h[illegible] alive on Jan 22 1908,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Fire Burns

(DURATION) 2 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover

Date Jan 23 1908

Place of Burial Cedar Hill

Date Jan 24th 1908

Undertaker Jos. Stuntebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 1142 N Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Gaskins

{ Residence, if in Baltimore, Give Street and Number. } 1142 N Stockton St.

Duration of Residence in Baltimore. 13yrs.

C8836

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Talbot Md

FULL NAME OF FATHER John Wright

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Dart Lemon

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Cook

(Address) 805 Woodyear St.

Filed 1/24 1908 HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 22, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to Jan 22 1908

that I last saw him alive on Jan 21 1908

and that death occurred, on the date stated above, at 5.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

La Grippe

(DURATION) 9 DAYS

Contributory (Primary.) Pneumonia lobar

Cardiac Failure (DURATION) 5 DAYS

(Signed) W. H. Wright M.D.

Address 1373 N. Carey St

Date Jan 22 1908

Place of Burial Northumberland Co. Va. Harveys Wharf.

Date Jan 25 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8837 Registered No. B 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 S. Gilmor C8837 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amelia U. Taylor

{Residence, if in Baltimore, Give Street and Number.} 10 S. Gilmor st.

Duration of Residence in Baltimore. Fifteen years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 1 1857

AGE 50 years, 4 months, 6 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Underhill

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Taylor

(Address) 10 S Gilmor St

Filed 1/27 1908 HARRY O. ARNOLD Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 21, 1908 to Jan 23, 1908 that I last saw h sr alive on Jan 22, 1908 and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

I a Fever

(DURATION) 4 DAYS

Con'tributory (Primary.) Apoplexy & valvular Heart disease (DURATION) 13 Mos.

(Signed) John Hood, M.D.

Address 631 N. Gilmor St.

Date January 24, 1908

Place of Burial London Park Cem

Date Jan 28 1908

Undertaker Jos B Cook

Address 1003 N Bals

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 204 N. Amity St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emil J. Cougnet

{ Residence, if in Baltimore, Give Street and Number. } 204 N. Amity St

Duration of Residence in Baltimore. Life time C8838

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 15 1853

AGE 54 years, 9 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Emil Cougnet

BIRTHPLACE OF FATHER (State or country) Paris, France

MAIDEN NAME OF MOTHER Margaret Hanley

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Furniture Mover

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eleanora Bosser

(Address) 204 N. Amity St

Filed 1/24 1908 HENRY C. ANIS[illegible] PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany. 22 1908

I HEREBY CERTIFY, That I attended deceased from Nov 22 1907 to Jany 22 1908 that I last saw h[illegible] alive on Jany 22 1908 and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage, Complicating Nephritis and Cirrhosis of Liver

ander (DURATION) 2 Yrs DAYS

Con'ributory (Primary.) Uraemic Coma

(DURATION) 1 DAYs

(Signed) Henry C. Ohle M.D.

Address 1203 N. Fayette St

Date Jany 22 1908

Place of Burial London Park

Date Jan 24 1908

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C 8839

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2604 E Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sallie S Auld

{Residence, if in Baltimore, Give Street and Number.} 2604 E Baltimore St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH ..... 1.....

AGE 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Chas Ford

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sophia Summers

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Fullbauer

(Address) 2604 E Balto St.

Filed 1/24 1908 HARRY C. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 23 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Jan 23 1908 that I last saw her alive on Jan 1st 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic nephritis

(DURATION) 23 DAYS

Contributory (Primary.) Uraemia

(DURATION) 2 DAYS

(Signed) G. G. Rinck M.D.

Address 2000 E. Baltimore st

Date January 23 1908

Place of Burial Loudon Park

Date Jan 25th 1908

Undertaker H. E. Hughes

Address 1755 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 8840 Registered No. 84

CERTIFICATE OF DEATH.

(Place of Death.) No. 1307 Hollins St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Johanna Downey

{Residence, if in Baltimore, Give Street and Number.} 1307 Hollins st

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Joseph Downey

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Johanna Donohue

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 W. Lombard

Filed 1/24 1908 HARRY C. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to Jan 22 1908 that I last saw h alive on Jan 22 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

four days (DURATION) DAYS

Contributory (Primary.) Paralysis

(DURATION) DAYS

(Signed) J LaBoninel M.D.

Address 1302 W Lombard st

Date Jan 23 1908

Place of Burial St. Peters

Date Jan 25th 1908

Undertaker John J Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8841

CERTIFICATE OF DEATH.

(Place of Death.) No. 1801 E. Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad H. Wurzbacher

{ Residence, if in Baltimore, Give Street and Number. } 1801 E. Federal st

Duration of Residence in Baltimore. Life C8841

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: January 27 1858

AGE: 49 years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Wurzbacher

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Metta Fuchen

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Store

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Wurzbacher

(Address) 1801 E. Federal st

Filed 1/24 1908 HARRY C. AMIRAULT PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 25 1908

I HEREBY CERTIFY, That I attended deceased from Nov 15 1907 to Jan 23 1908

that I last saw h im alive on Jan 22 1908,

and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Valvular Heart Disease

(DURATION) 6 mos DAYS

Contributory (Primary.) Rheumatism

(DURATION) ..... DAYS

(Signed) Wm J. Watson M.D.

Address 2128 St Paul St

Date Jan 23 1908

Place of Burial Emmanuel Cemetery

Date Jan 26/08 190

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 231 N Milton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Chas. Stricker

{Residence, if in Baltimore, Give Street and Number.} 231 N Milton ave

Duration of Residence in Baltimore. life C8842

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: W

DATE OF BIRTH: Dec 6 1907

AGE: ..... years, 1 months, 15 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas. J. Stricker

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Mary Bishop

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas J. Stricker

(Address) 231 N Milton ave

Filed 1/24 1908 HARRY C. ANDREWS, PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 23 1908

I HEREBY CERTIFY, That I attended deceased from Jan 19 1908 to Jan 23 1908 that I last saw him alive on Jan 21 1908 and that death occurred, on the date stated above, at 2.30 a M. CAUSE OF DEATH (Secondary or Immediate)

marasmus

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Dean M.D.

Address 156 Milton ave

Date Jan 23 1908

Place of Burial 1st Reform Cemetary

Date January 24/08 190

Undertaker Christian Miller

Address 1334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

Ward 15

CERTIFICATE OF DEATH.

94

(Place of Death.) No. 1343 N. Carey Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha J. Cromwell

{Residence, if in Baltimore, Give Street and Number.} 1343 N. Carey st.

Duration of Residence in Baltimore. all life C 8843

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
female	colored

DATE OF BIRTH 1

AGE 65 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Bal

FULL NAME OF FATHER Lee Cromwell

BIRTHPLACE OF FATHER (State or country) Bal

MAIDEN NAME OF MOTHER Julia Darby

BIRTHPLACE OF MOTHER (State or country) Bal

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Parker

(Address) 1343 mearzy st

Filed 1/24 1908 HARRY O. ARMIGER, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20 1908 to Jan 21 1908 that I last saw h er alive on Jan 21 1908 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) 2 DAYS

Contributory (Primary.) Cerebral Hemorrhage 1st attack 1 yr ago

2nd " attack 1/2 (DURATION) 2 DAYS

(Signed) Wm. H. Magee M.D.

Address 1373 N. Carey St

Date Jan. 22, 1908.

Place of Burial mt auburn cemetery

Date Jan 24 1908

Undertaker John H Goodwin

Address 142 N Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 86

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 S. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Cook

{Residence, if in Baltimore, Give Street and Number.} 21 S. Stricker St

Duration of Residence in Baltimore. Life

C8844

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan 2nd 1847

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Cook

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Martha Schafer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Produce Bisness

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Cook

(Address) 113 N. Schroeder

Filed 1/24 1908 HARRY C. ARMSTRONG, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 21 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 2 1907 to Jan 21 1908 that I last saw her alive on Jan 21 1908 and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Gastric Carcinoma

..... (DURATION) ..... DAYS

Contributory (Primary.) Heumatism

..... (DURATION) 1 DAYS

(Signed) H Howard M.D.

Address 329 W. Fayette St

Date Jan 21 1908

Place of Burial Western Cemetery

Date Jan 24th 1908

Undertaker Geo. Benz

Address 594 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ...

C 8845

CERTIFICATE OF DEATH.

(Place of Death.) No. 2101 Fairmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary M. Dashiell

{ Residence, if in Baltimore, Give Street and Number. } 2101 Fairmount Ave

Duration of Residence in Baltimore. Life time

Mary Hart

C8845

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 16th 1822

AGE 86 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER James Smithies

BIRTHPLACE OF FATHER (State or country) Balt Md.

MAIDEN NAME OF MOTHER Beulah Brown

BIRTHPLACE OF MOTHER (State or country) Balt Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Ada E. Scherer

(Address 2101 Fairmount Ave

Filed 1/24 1908 HENRY J. ANDREWS, Registrar

PARKIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to January 21st 1908

that I last saw h alive on January 21st 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) Chas. Reamer M.D.

Address 809 N. Charles

Date January 21st 1908

Place of Burial Quaker Cemetery Harford Rd

Date Jan 24th 1908

Undertaker Lee Leinbach & Son

Address 647 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 Ryan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Bond

{Residence, if in Baltimore, Give Street and Number.} 915 Ryan St.

Duration of Residence in Baltimore. Life C8846

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH May 5th 1847

AGE 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Daniel Haugney

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Elizabeth Gaffaud

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Virginia Heugg

(Address) 915 Ryan

Filed 1/24 1908 HENRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21st 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2 1908 to Jan 21 1908 that I last saw h.. alive on Jan 19 1908, and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) 15 DAYS

Contributory (Primary) Phthisis (DURATION) 6 DAYS

(Signed) E. Brumpton M.D.

Address 517 Scott St

Date Jan 21 1908

Place of Burial Loudon Park Cem

Date Jany 25 1907

Undertaker John A Moran

Address Balto & Ann Sts

WM. J. C. DULANY CO., BALTIMORE.

Dr. Brumpton
517 Scott

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1734 Bolton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephen Allen Bremer.

{ Residence, if in Baltimore, Give Street and Number. } 1734 Bolton St.

Duration of Residence in Baltimore. 43 years. C8847

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 26 1838

AGE: 69 years, 0 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Denis Bremen

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Dont know.

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Principal Grant H. Balto. Public Schools

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Francis Bremen

(Address) 1734 Bolton St.

Filed 1/24 1908 HARRY G. ... Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Jan 9 1908 to Jan 28 1908

that I last saw h.. alive on Jan 22 1908,

and that death occurred, on the date stated above, at 4.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia and Cardiac Failure

(DURATION) 1 DAYS

Contributory (Primary.) Jaundice

Pneumonia (DURATION) 13 DAYS

(Signed) C Ulysses Smith M.D.

Address Professional Bldg

Date Jany 24 1908

Place of Burial New Cathedral Cem

Date Jany 25th 1908

Undertaker W. Jenkins & Sons Co

Address 36 W. Madison St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4

CERTIFICATE OF DEATH.

(Place of Death.) No. 721 W. Hamburg St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Audrey Fisher

{Residence, if in Baltimore, Give Street and Number.} 721 W. Hamburg St

Duration of Residence in Baltimore. three months C9848

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug 16 1905

AGE: 2 years, five months, seven days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Savannah Ga

FULL NAME OF FATHER: John Ross Fisher

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Ella Loretta Nolan

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R. Fisher

(Address) 721 W. Hamburg st

Filed 1/24 1908

HENRY C. ANDRE, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23 1908

I HEREBY CERTIFY, That I attended deceased from as coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Burns Face & Lead

accident

(DURATION) 10 hrs

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Martin Coroner M.D.

Address

Date Jan 24 1908.

Place of Burial Catholic Cemetery

Date Jan. 24th 1908

Undertaker James Dignan & Sons.

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

CERTIFICATE OF DEATH.

114

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Louis Samuels.

{Residence, if in Baltimore, Give Street and Number.} 108 Jackson Place

Duration of Residence in Baltimore. C8849

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White.
DATE OF BIRTH ....1....	
AGE 46 years, ...months, ...days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Samuels

(Address) 108 Jackson Pl

Filed 1/24 1908

HARRY U. ... Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23d 1908

I HEREBY CERTIFY, That I attended deceased from 14 Jan 1908 to Jan 23d 1908 that I last saw h 7 P.M. alive on Jan 23d 1908, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Ulcers of Liver

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Richardson M.D.

Address J. H. Hospital

Date Jan 23d 1908

Place of Burial Hebrew Friendship

Date Jany 26 1908

Undertaker Dan'l Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2d W.

Register

CERTIFICATE OF DEATH.

90

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Nettie Winston

{Residence, if in Baltimore, Give Street and Number.} Maryland Gen. Hosp.

Duration of Residence in Baltimore. 3 days. C8850

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: Jan. 22nd 1908

AGE: ....years, ...months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md. Gen. Hosp.

FULL NAME OF FATHER: Irving Winston

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Nettie Whitlock

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/24 1908 [illegible] C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 19th 1908 to Jan 22nd 1908 that I last saw child alive on Jan 22nd 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 3 DAYS

Contributory (Primary.) Asphyxia

(DURATION) 3 DAYS

(Signed) W. W. Brown M.D.

Address Md. Gen. Hosp.

Date Jan 22nd 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 23 1908 1908

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

317

Ward 2

CERTIFICATE OF DEATH.

(Place of Death.) No. Found floating at Pier #3 Light St Wharf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. } Unknown

Duration of Residence in Baltimore. Unknown C8851

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Dont know

AGE: about 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): "

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Coroner Otto M Reinhardt

(Address) Southern District

Filed 1/24 1908

HARRY S. ARIES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Body found January 18 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

—M. CAUSE OF DEATH (Secondary or Immediate.)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date January 22 1908

Place of Burial PUBLIC CEM.

Date JAN 23 1908 190

Undertaker Commissioner Health.

Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

City to bury. Body at the Morgue

313

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Jones Falls near Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. } — — —

Duration of Residence in Baltimore. — — — C8652

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —

AGE about 6 mos.
— years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Not Known

FULL NAME OF FATHER — —

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED Born

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. D. Haydon

(Address) 1216 N. Caroline St.

Filed 1/24 190 8 HARRY G. ARNOLD, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Found Jan. 8. 1908

I HEREBY CERTIFY, That I attended deceased from Common 190 to Date 190

that I last saw h — alive on — 190 —

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Not definitely known.
No mark of violence —
Evidently death due to
natural Causes (DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Benj. D. Haydon M.D.

Address 1216 N. Caroline St.

Date Jan. 14, 1908

Place of Burial PUBLIC CEMETERY

Date JAN 23 1908 190

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL.

305

WM. J. C. DULANY CO., BALTIMORE.

Ward 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 824 Willow St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Lignew

{ Residence, if in Baltimore, Give Street and Number. } 824 Willow St

Duration of Residence in Baltimore. 35 Years

C8853

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 52 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: James Coan

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Bessie Carty

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 824 Willow st.

Filed 1/24 1908 HARRY O. ARIN[illegible] PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Jany 20th 1908 to Jany 22nd 1908 that I last saw her alive on Jany 21st 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Synestpa

(DURATION) ..... DAYS

Contributory (Primary.) Bronchopneumonia

(DURATION) 2 days DAYS

(Signed) Clark Reynolds M.D.

Address 809 N. Charles St

Date Jany 24th 1908

Place of Burial Cathedral

Date January 25th 1908

Undertaker F. E. Wiedefeld

Address 914 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1532 Greenmount Ave St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name James. Lyng.

{ Residence, if in Baltimore, Give Street and Number. } 1532 Greenmount Ave

Duration of Residence in Baltimore. Life C8854

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Jan 23 – 1908

AGE ——— years, ——— months, 1 Hours

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thomas Lyng

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary McGrath

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1532 Greenmit Ave

Filed 1/24 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 23 1908

I HEREBY CERTIFY, That I attended deceased from Jan 23 1908 to Jan 23 1908

that I last saw h— alive on Jan 23 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis Neonatorum

Contributory (Primary) Debility from Premature Birth (DURATION) DAYS

(DURATION) DAYS

(Signed) M. L. Tabb M.D.

Address 1202 E. Monument St

Date 1/23 1908

Place of Burial Cathedral

Date Jan 24 1908

Undertaker H. C. Windfeld

Address 914 Greenmit Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 523 E. 20th St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. Joseph Wynn

{Residence, if in Baltimore, Give Street and Number.} 523 E. 20th St.

Duration of Residence in Baltimore. Life

C8855

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 20" 1870

AGE: 37 years, 4 months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thos. Wynn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Jane Hanley

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Rigger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) The Family

(Address) 523 E. 20th St.

Filed 1/24 1908 HARRY G. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6th 1908 to Jan 22nd 1908 that I last saw h im alive on Jan 22nd 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

16 (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno Bruce Bayle M.D.

Address 104 E. Madison St.

Date Jan 22nd 1908

Place of Burial Cathedral Cemetery

Date January 25" 1908

Undertaker Chas. F. Evans.

Address 1184 & 1170 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Leimbach

{Residence, if in Baltimore, Give Street and Number.} Little Sisters of the Poor

Duration of Residence in Baltimore. —

C8856

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1829

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Emmanuel Leimbach

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Elizabeth

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 1/24 1908 HARRY G. ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 23d 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate

Heart Disease Sudden

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Fredk Carrico M.D.

Address Coroner

Date Jan 23-08 1908

Place of Burial Western Cemetery

Date Jan. 25 1908

Undertaker Henry Hock & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8857 Registered No. B C 8857

CERTIFICATE OF DEATH.

93

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Stinchcomb

{Residence, if in Baltimore, Give Street and Number.} St Josephs Hospital

Duration of Residence in Baltimore. 33 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED " "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Josephs Hospital

(Address) Caroline & Chase Sts

Filed 1/27 1908 EMMET C. ADAMS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 23 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 23 1907 to Jan. 23 1908 that I last saw h[illegible] alive on Jan 23 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

acute dilatation of heart

(DURATION) 3 DAYS

Contributory (Primary.) Lobar Pneumonia (DURATION) 4 weeks

(Signed) John F. Moore M.D.

Address St Josephs Hospital

Date Jan. 24th 1908

Place of Burial Holy Redeemer Cemetery

Date Jan. 27th 1908

Undertaker Henry Hooke & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward [illegible] C 8858 Registered No. B C 8858

CERTIFICATE OF DEATH.

(Place of Death.) No. 1107 S. Sharp St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Frederick H. Leggemann

{Residence, if in Baltimore, Give Street and Number.} 1107 S. Sharp St

Duration of Residence in Baltimore. 48 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 25th 1845

AGE 62 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Rudolph J. Leggemann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Amalia Fietten

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Piano Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amalia T. Leggemann

(Address) 1104 S. Sharp St

Filed 1/24 1908 HARRY C. ASHTON PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 23 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4 1908 to Jan 23 1908

that I last saw him alive on Jan 22 1908

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Esophagus

about 7 mos (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) T. Frederick Leitz M.D.

Address 1340 W. North Ave

Date Jan 24 1908

Place of Burial Baltimore Cemetery

Date Jan 27th 1908

Undertaker Mrs Mrs John W. Tempel

Address 801 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8859 Registered No. B ..... C 8859

CERTIFICATE OF DEATH.

(Place of Death.) No. 625 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Stecher

{Residence, if in Baltimore, Give Street and Number.} 625 N. Castle St.

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Mar 25th 1852

AGE 55 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Stecher

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna B Stecher

(Address) 625 N. Castle St

Filed 1/24 190 8 HARRY O. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 23d 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15th 1907 to Jany 23d 1908

that I last saw him alive on Jan 22d 1908, and that death occurred, on the date stated above, at 12 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 1 Year

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Edw. M. Shipwash M.D.

Address 5 N. Washington St.

Date January 23d 1908

Place of Burial Oak Lawn Cem

Date 1/25/08 190

Undertaker J. Herwig & Son

Address 1008 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8860 Registered No. B C 8860

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 432 N. Lakewood ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas James Zimmerman

{Residence, if in Baltimore, Give Street and Number.} 432 N. Lakewood ave.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W

DATE OF BIRTH: Dec 9. 1902

AGE: 5 years, 1 months, 14 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Chas J Zimmerman

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: L. M. Weinel

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. J Zimmerman

(Address) 432 N. Lakewood ave

Filed 1/24 1908 HARRY G. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 22 1908

I HEREBY CERTIFY, That I attended deceased from Jan 21 1908 to Jan 22 1908

that I last saw him alive on Jan 22 1908,

and that death occurred, on the date stated above, at 8.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 William ave

Date Jan. 22 1908

Place of Burial Mt Carmel Cem

Date 1/25/08 190

Undertaker J Henrig & Son

Address 900 E Allens ln

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] C 8861 Registered No. B C 8861

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 822 Hanover Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Hopkins

{Residence, if in Baltimore, Give Street and Number.} 822 Hanover Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Joseph Hopkins.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Victoria Butler

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Martha Hopkins

(Address) 822 Harmony Lane

Filed 1/24 1908

HARRY C. ARNOLD, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 22nd 1908 to Jan 24th 1908

that I last saw him alive on Jan 23rd 1908

and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asthama, Asthmia
et Cardiac failure

(DURATION) 21 DAYS

Contributory (Primary.) Unknown.

(DURATION) DAYS

(Signed) John T McCarthy M.D.

Address 656 W Franklin St

Date Jan 24th 1908

Place of Burial Mt Auburn Cemetery

Date January 27th 1908

Undertaker Felix B Kye.

Address 132 E Lanvale.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — C 8862 — Registered No. B C 8862

54

CERTIFICATE OF DEATH.

(Place of Death.) No. 1008 Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grace Grant Kennard

{Residence, if in Baltimore, Give Street and Number.} 1008 Mosher St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	1866
AGE	41 years, 10 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Baltis H Kennard
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Anna R Carson
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. C. Kennard

(Address) 1008 Mosher St

Filed 1/24 1908

HARRY C. ARNEST
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 22 1908

I HEREBY CERTIFY, That I attended deceased from Dec 10th 1907 to Jany 22 1908 that I last saw h alive on Jany 22 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pernicious Anemia

(DURATION) 60 DAYS

Contributory (Primary.) Carcinoma of Uterus

(DURATION) 60 DAYS

(Signed) John Kopp M.D.

Address 701 N. Carrollton Ave

Date Jany 23 1908

Place of Burial Woodlawn

Date Jany 25th 1908

Undertaker W. Mahey & Sons

Address 606 & 608 Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

120

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8863

City of Baltimore, (No. 330, Delwood av St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma J Fourcher

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan. (Month) 21 (Day) 1859 (Year)

AGE: 49 years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Jacob Yourtee

BIRTHPLACE OF FATHER (State or country): Penn.

MAIDEN NAME OF MOTHER: Elizabeth Bupp

BIRTHPLACE OF MOTHER (State or country): Penn.

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amanda Kingsbury

(Address) 330 Delwood Ave

Filed 1/24 1908 HARRY G. ANDREWS PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 23. (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 10th 1907 to Jan 22nd 1908

that I last saw her alive on Jan 22 1908,

and that death occurred, on the date stated above, at 10 a.m. The CAUSE OF DEATH was as follows:—

Chronic Nephritis

(DURATION) 2 Yrs 2 DAYS

Contributory

(DURATION) DAYS

(Signed) D. W. Smith M. D.

Jan 24 1908 (Address) 206-3rd Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Marys Hampden — DATE OF BURIAL: Jan. 25 1908

UNDERTAKER: Horace Burgee — ADDRESS: 363 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

C 8864

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

C 8864

Registered No. B .....

City of Baltimore, (No. 133, S. Poppleton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hann Bell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 2 (Month) January (Day) 1907 (Year)

AGE: 1 years, — months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Earnest L. Bell

BIRTHPLACE OF FATHER (State or country): Balto. city.

MAIDEN NAME OF MOTHER: Henrietta G. Hann

BIRTHPLACE OF MOTHER (State or country): Balto. city. —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw Bell

(Address) 133 S Poppleton St

Filed 1/24 1908

HARRY C. ARMS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) – 23 (Day) – 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan – 15 1908 to Jan. 23 1908 that I last saw him alive on Jan 22 1908, and that death occurred, on the date stated above, at 8.25 A. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 7 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Walter P. Stubbs. M. D.

Jan. 23 1908 (Address) 647 N. Calhoun St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Jan 25 1908

UNDERTAKER: N. J. Tilden Sons

ADDRESS: 415 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 8865

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8865

Registered No. B .....

City of Baltimore, (No. 1807, Brunt St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Elizabeth Tracy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April (Month) 4 (Day) 1829 (Year)

AGE: 78 years, 9 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Co.

FULL NAME OF FATHER: Josiah Malonee

BIRTHPLACE OF FATHER (State or country): Balto. Co.

MAIDEN NAME OF MOTHER: Sarah Elizabeth Malonee

BIRTHPLACE OF MOTHER (State or country): Balto. Co

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Christopher

(Address) 1807 Brunt st.

Filed 1/27 1909

HARRY C. ARMS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 22 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 24 1908 to Jany 22 1909 that I last saw h.. alive on Jany 22 1909, and that death occurred, on the date stated above, at 9.20 P. M. The CAUSE OF DEATH was as follows:

Hemiplegia

(DURATION) 90 DAYS

Contributory Coma

(DURATION) 10 DAYS

(Signed) Jno. L. Hooper M. D.

Jany 22 1909 (Address) 220 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount

DATE OF BURIAL: Jany 27 1909

UNDERTAKER: J. Parkin & Sons

ADDRESS: Camden Place

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 8866 Registered No. B C 8866

CERTIFICATE OF DEATH. 37

(Place of Death.) No. 207 E. Lanvale St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles R. Favour

{Residence, if in Baltimore, Give Street and Number.} 207 E. Lanvale St.

Duration of Residence in Baltimore. 2 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Nov. 3. 1840

AGE: 67 years, 2 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Phila Pa

FULL NAME OF FATHER: John V. Favour

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Margt. Ramsay

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Melloy

(Address) Relay Md

Filed 1/25 1908

HARRY C. ARNOLD PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 24th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 2 1908 to Jan. 24 1908

that I last saw h[illegible] alive on Jan. 20th 1908,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis.

(DURATION) DAYS

Contributory (Primary.) I do not know

(DURATION) DAYS

(Signed) J. M. Hobbins M.D.

Address 819 N. Eutaw st.

Date Jan. 24 1908

Place of Burial Sykesville. Md

Date January 26 1908

Undertaker Jas. R. Weer

Address Sykesville Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — C 8867 — Registered No. B C 8867

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Joseph. Spriggs.

{ Residence, if in Baltimore, Give Street and Number. } 105 N Bruce St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Col.

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Parker

(Address) 105 N Bruce St

Filed 1/25 1908 HARRY C. ANTHONY Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 23. 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 12 1908 to Jan. 23 1908 that I last saw him alive on Jan. 23 1908 and that death occurred, on the date stated above, at 10.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis. (DURATION) DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Jan. 23. 1908

Place of Burial Mt Auburn

Date Jan 25 1908

Undertaker A. J. Freeland

Address 106 N. Schroeder St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8868

V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

C 8868

Registered No. B .....

City of Baltimore, (No. 1527 Vine St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Floyd Hill

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: July (Month) ..... (Day) 1890 (Year)

AGE: 17 years, 6 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: John Mayo

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Ella Hill

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Brown

(Address) 182 7 Pine

Filed 1/25 1908

HARRY O. ARMSTRONG, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 23 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 15 1907 to Jan 23 1908

that I last saw h... alive on Jan 22 1908,

and that death occurred, on the date stated above, at 4.55 a m. The CAUSE OF DEATH was as follows:

Consumption
Pulmonalis

(DURATION) 35 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) D M Eastman M. D.

Jan 23 1908 (Address) 1418 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Jan 25 1908
UNDERTAKER	**ADDRESS**
A. J. Freeland	106 Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 8869

Ward 14 C 8869 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 104 S. Fulton Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Rev. Samuel N Mayer

{Residence, if in Baltimore, Give Street and Number.} 104. S. Fulton Ave

Duration of Residence in Baltimore. 4 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: White

DATE OF BIRTH: Sept. 15th 1855

AGE: 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penn

FULL NAME OF FATHER: George Mayer

BIRTHPLACE OF FATHER (State or country): Penn

MAIDEN NAME OF MOTHER: Catherine Hennemuth

BIRTHPLACE OF MOTHER (State or country): Penn

OCCUPATION OF DECEASED: Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary R Mayer

(Address) 104 S. Fulton ave

Filed 1/25 1908 HARRY C. ARNOLD, Registrar

PARLIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 23 1908

I HEREBY CERTIFY, That I attended deceased from Jan 17 1908 to Jan 23 1908

that I last saw him alive on Jan 23 1908

and that death occurred, on the date stated above, at 2:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure &
Lobar Pneumonia

(DURATION) 6 Days

Contributory (Primary.) Grip

(DURATION) Days

(Signed) Walter A Wolf M.D.

Address 54 S. Fulton Ave

Date Jan 24 1908

Place of Burial Mechanicsburg Penn

Date Jan 27th 1908

Undertaker L. F. McCormick

Address 1794 Lombard St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

11

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 8870

City of Baltimore, (No. 1004 N Broadway (St.) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louisa Robertson

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: March (Month) (Day) 1830 (Year)

AGE: 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Fink

(Address) 2428 E Preston st

Filed 1/25 1908

HARRY C. ARNOLD, PERMIT CLERK (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 23 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw ... alive on ... 190...,

and that death occurred, on the date stated above, at 4:30 P. M. The CAUSE OF DEATH was as follows:

Heart Disease

Senility (DURATION) DAYS

Contributory ... (DURATION) DAYS

(Signed) Fredk Carruthe M. D.

Jan 23 1908 (Address) Coroner

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount	Jan 27th 1908
UNDERTAKER	**ADDRESS**
D A F Rhelbin	1711 and ar

WM. J. C. DULANY CO., BALTIMORE

Ward 17 68871 Registered No. B 68871

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1816 Maryland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis R Beckwith

{Residence, if in Baltimore, Give Street and Number.} 1816 Maryland Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: white
DATE OF BIRTH: Dec 2 1907	
AGE: ..... years, ... months, 7 weeks days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto City	
FULL NAME OF FATHER: Charles Beckwith	
BIRTHPLACE OF FATHER (State or country): Balto. City	
MAIDEN NAME OF MOTHER: Nellie A Johnson	
BIRTHPLACE OF MOTHER (State or country): Balto City	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Beckwith

(Address) 1816 Maryland Ave

Filed 1/25 1908 HARRY G. ANDREWS PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1908

I HEREBY CERTIFY, That I attended deceased from Dec 2 1907 to Jan 24 1908 that I last saw h alive on Jan 24 1908, and that death occurred, on the date stated above, at 5 P M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Premature birth

Malnutrition (DURATION) 7 wks DAYS

(Signed) N G Beck M.D.

Address 214 E Preston St

Date 190

Place of Burial Cathedral

Date Jan 26th 1908

Undertaker A F Philbin

Address 1711 Mad ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 ~~C 8874~~ Registered No. B ~~C 8874~~ C 8872

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 2626 Frederick Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Elizabeth Myers

{Residence, if in Baltimore, Give Street and Number.} 2626 Frederick ave.

Duration of Residence in Baltimore. 67 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 18 1834

AGE 73 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Hugh. Samuel Jagart

BIRTHPLACE OF FATHER (State or country) Dublin - Ireland

MAIDEN NAME OF MOTHER Helen Eliz. Gilden

BIRTHPLACE OF MOTHER (State or country) Abingdon Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar S. Tobbing

(Address) 46 Madison St Homestead 708

Filed 1/25 1908 HARRY C. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 23 1908

I HEREBY CERTIFY, That I attended deceased from December 1st 1907 to January 23 1908 that I last saw her alive on January 22 1908, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Old age.

(DURATION) — DAYS

Contributory (Primary.) asthenia

(DURATION) 30 DAYS

(Signed) asa L Vessels M.D.

Address 5-10 Frederick ave

Date January 23 1908

Place of Burial London Park

Date Jan. 25 1908

Undertaker Edw. J. Fanning

Address 1935 E. Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 8873 Registered No. B C 8873

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 527 Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fredie G. Bond

{ Residence, if in Baltimore, Give Street and Number. } 527 Falls Road

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 7 1887

AGE: 20 years, 5 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John H. Bond

BIRTHPLACE OF FATHER (State or country): New Market Md

MAIDEN NAME OF MOTHER: Mary F. Amos

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Mill Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary F. Bond

(Address) 527 Falls Road.

Filed 1/25 1908 HARRY C. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1908

I HEREBY CERTIFY, That I attended deceased from Sept 8th 1907 to Jan 24th 1908 that I last saw him alive on Jan 18th 1908, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) 1 year DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Geo. T. Shower M.D.

Address 431 Roland Ave

Date Jan 25th 1908

Place of Burial Mt Olivet

Date Jan 26 1908

Undertaker H. Mau & Co

Address 3537 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8874 Registered No. B C 8874

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 St Vincents Infant Asst St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry White

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE ..... years, ... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address) [illegible]

Filed 1/25 1908 HARRY C. ARNOLD PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Insanition

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) C F Martin M.D.

Address [illegible]

Date Jan 24 1908

Place of Burial [illegible]

Date January 27 1908

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 8875 Registered No. B C 8875

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Sch. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Dale

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH ..... 1 .....

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 1/25 1908 HARRY C. ARMS (PER) CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan — 23 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) H Martin M.D.

Address .....

Date Jan 24 1908

Place of Burial New Cathedral

Date January 25 1908

Undertaker Martin Bailey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 8876 Registered No. B C 8876

105

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Spencer

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

Duration of Residence in Baltimore. /

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE ..... years, 2 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Vincents L. A.

(Address)

Filed 1/25 1908 HARRY C. ARNOLD PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis Chr

(DURATION) 20 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) R. Mackey M.D.

Address .....

Date Jan 24 1908

Place of Burial January 25

Date New Cathedral 1908

Undertaker Martin Gahan & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8877

15

45

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8877

City of Baltimore, (No. 2114 N. North Ave St.) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. E. Sauerwein

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 14 (Month) (Day) 1861 (Year)

AGE: 46 years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Danl N. Sauerwine

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Sarah Ladeis

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David N. Sauerwine

(Address) 2114 N. North Ave

Filed Jan 25 1908 HARRY C. [illegible] CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 23rd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 15th, 1908 to Jany 23rd, 1908 that I last saw him alive on Jany 22nd 1908, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Carcinoma involving tissues of neck and throat, for which he was operated 3 times. 8 months (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) Eldridge C. Pike M.D.

Jany 25th 1908 (Address) 1012 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mount Olivet — DATE OF BURIAL: Jan 26 1908

UNDERTAKER: Wm J. Pickrell for — ADDRESS: Carlin & Pace

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C 8878 — Registered No. B C 8878 — 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1117 Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Francis R Collins

{Residence, if in Baltimore, Give Street and Number.} 1117 Fremont Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Dec 14 1907

AGE: ... years, One months, 10 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles O Collins

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Rosa Isabell Hamm

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: non

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles O Collins

(Address) 1117 Fremont ave

Filed 1/25 1908 HARRY C. ARMSTRONG, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1908

I HEREBY CERTIFY, That I attended deceased from Jan 23 1908 to Jan 24 1908

that I last saw h alive on Jan 23 1908,

and that death occurred, on the date stated above, at 8.45 P. M.

CAUSE OF DEATH (Secondary or Immediate) Bronchi - Enteritis

(DURATION) 2 DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Jno Ebaugh M.D.

Address 1701 Pa Ave

Date Jan 24 1908

Place of Burial St Peters Cemetery

Date Jan 25 1908

Undertaker Walter H Shriver

Address 816 Fremont ave

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C 8879 Registered No. B C 8879

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Saratoga and Holliday St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Freimann

{Residence, if in Baltimore, Give Street and Number.} 1421 N. Wolfe St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White.
DATE OF BIRTH	Oct. 24 1873
AGE	34 years, 3 months, days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	married.
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Frederick Freimann
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Elizabeth Gephardt
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Freeman

(Address) 1421 N. Wolfe St.

Filed 1/25 1908 HARRY C. ARNOLD, PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1/24 1908

I HEREBY CERTIFY, That I attended deceased from As known 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Shock from crushed skull,

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) L. D. Gebhart M.D. coroner

Address 211 W. Lanvale

Date 1/24 1908

Place of Burial Baltimore Cemetery

Date January 26" 1908

Undertaker Chas. F. Evans

Address 1178 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 8880 Registered No. B C 8880

CERTIFICATE OF DEATH.

(Place of Death.) No. 1028 N. Patterson Park Ave (St.) (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria M. Ward

{Residence, if in Baltimore, Give Street and Number.} 1028 N. Patterson Park Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH age 17 1890

AGE 17 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm J Ward

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Katherine Fraley

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Ward

(Address) 1028 N Patterson Park Ave

Filed 1/25 1908 CLERK OF ARCHIVES PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 23 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Jan 23 1908 that I last saw h[illegible] alive on Jan 22 1908. and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 4 Mos DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) H. Towers M.D.

Address 2571 E Biddle

Date Jan 23 1908

Place of Burial Mt Carmel

Date Jany 27 1908

Undertaker Robt J Turner

Address 1442 N. Bway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8881

City of Baltimore, (No. 2724, N. Charles St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Lohman

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: 29 July (Month) (Day) 1855 (Year)

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Lober

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Markolf

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. E. Eisendrath

(Address) 337 N. Stricker St.

Filed 1/25 1908

HENRY O. ARNOLD
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 22 (Day) 1908. (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1907 to Jan 22 1908

that I last saw her alive on Jan 22 1908,

and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH was as follows:

Sarcoma of right kidney

(DURATION) X DAYS

Contributory Shock after operation

due to removal (DURATION) 2 DAYS

(Signed) W. H. B. Sellman M. D.

Jan 22 1908 (Address) 5 E. Biddle St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 3374 Fleet St. How long Place of Death? 18 Days

Where was disease contracted, if not at place of death? X

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Jan 25 1908

UNDERTAKER: Geo Benz & Bro ADDRESS: 534 N. Biddle

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 8882

Ward 17 C 8882 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2104 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Asbury Dowden

{ Residence, if in Baltimore, Give Street and Number. } 2104 Druid Hill Ave

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Afro-Am

DATE OF BIRTH 1861

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Benjamin Dowden

BIRTHPLACE OF FATHER (State or country) Prince Geo Co

MAIDEN NAME OF MOTHER Julia Hilmes

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Bishop

(Address) 1107 D Hill Ave S.

Filed 1/26 1908 HARRY C. ARMS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 23, 1908.

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1907 to Jan 23 1908 that I last saw h in alive on Jan 22 1908 and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia (DURATION) 6 DAYS

Contributory (Primary.) Nephritis

Anuria (DURATION) DAYS

(Signed) W. Edw. Magruder, M.D.

Address 922 Mod. Ave

Date 1/24 1908

Place of Burial Laurel Cemetery

Date Jan - 25th 1908

Undertaker J. A. Bishop

Address 1107 D Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 8883 Registered No. B ..... C 8883

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Saratoga near Holliday St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm B. Pugh

{Residence, if in Baltimore, Give Street and Number.} 2317 Eastern Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 19th 1851

AGE 26 years, 6 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William S. Pugh

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Martha J. Kelly.

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha J. Pugh.

(Address) 2317 Eastern Ave.

Filed 1/25 1908

[illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1/24 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage - Fracture of Skull

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Johnston Coroner M.D.

Address 211 N. Fairway

Date 1/24 1908

Place of Burial Mt. Olivet Cem

Date Jan 27 1908

Undertaker D. Sandow Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8884 Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George F. Fleckenschildt

{Residence, if in Baltimore, Give Street and Number.} Arlington Balto. Co.

Duration of Residence in Baltimore. 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1905

AGE: 2 years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Geo. F. Fleckenschildt

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Roberta Dobbins

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo F. Fleckenschildt

(Address) Arlington Md

Filed 1/25 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 24 1908

I HEREBY CERTIFY, That I attended deceased from Jan 22 1908 to Jan 24 1908

that I last saw him alive on Jan 24 1908

and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-spinal meningitis.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) O. H. Clough M.D.

Address Johns Hopkins Hosp

Date January 25 1908

Place of Burial Lorraine Cem.

Date Jan 28 1908

Undertaker Germanus Thanz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE

Permission requested to remove to Woodlawn Ave. Arlington

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — C 8885 — Registered No. B C 8885

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Saratoga St. near Holliday — St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fred. W. Harman

{Residence, if in Baltimore, Give Street and Number.} 417 Mott St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 9, 1865

AGE: 42 years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Harman

BIRTHPLACE OF FATHER (State or country): Balto, Md.

MAIDEN NAME OF MOTHER: Mary ——

BIRTHPLACE OF MOTHER (State or country): Balto, Md.

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie D. Harman

(Address) 417 Mott St.

Filed 1/25 1908 HARRY C. ARMS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1908

I HEREBY CERTIFY, That I attended deceased from As above 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal injuries & Burns by cremated. Traumatic Shock.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lightner M.D. coroner

Address 211 W. Lanvale

Date 1, 24 1908

Place of Burial Baltimore Cemetery

Date Jan. 27, 1908

Undertaker Henry W. Means and Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8886 Registered No. B C 8886

CERTIFICATE OF DEATH.

(Place of Death.) No. 713 N Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ernest F A Jahn

{Residence, if in Baltimore, Give Street and Number.} 713 N Eden St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH June 29 1853

AGE 57 years, 6 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis H. Jahn

(Address) 713 N. Eden st

Filed 1/25 1908 HARRY C. ARNOLD, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 23 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) Joseph Cummins M.D.

Address Edmondson Ave

Date Jan 24—08 190..

Place of Burial Baltimore County

Date Jan. 26 1908

Undertaker Zurkler & Zurkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 8887 Registered No. B C 8887

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 909 Park Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Revenda Eckols.

{Residence, if in Baltimore, Give Street and Number.} 909 Park Ave.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Robert Whalen

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lily Goode

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rida Erney

(Address) 909 Park ave

Filed 1/25 1908 HARRY C. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 24. 1908

I HEREBY CERTIFY, That I attended deceased from Jany 23 1908 to Jany 24 1908 that I last saw h[illegible] alive on Jany 24 1908, and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) DAYS

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) DAYS

(Signed) Mallinbery M.D.

Address 742 W Fayette St

Date Jany 25 1908

Place of Burial Mt Auburn Cemetery

Date Jan. 27 1908

Undertaker Felix B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8888 Registered No. B C 8888

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 Elm Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Butler

{Residence, if in Baltimore, Give Street and Number.} 912 Elm Place

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — — 1897

AGE 11 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER William J. Butler

BIRTHPLACE OF FATHER (State or country) St Marys Co Md.

MAIDEN NAME OF MOTHER Eliza Plumber

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Butler

(Address) 912 Elm place

Filed 1/25 1908 HARRY C. ARNOLD, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 24th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 23 1907 to Jany 24 1908 that I last saw her alive on Jany 22 1908, and that death occurred, on the date stated above, at 5.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 20 DAYS

Contributory (Primary) Bronchitis (DURATION) 30 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1305 N. North Ave,

Date Jany 24 1908.

Place of Burial St. Peters Cemetery

Date January 26th 1908

Undertaker Felix B Rye.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8889

City of Baltimore, (No. 1118, N. Stricker St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME François Roos

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: September 25 (Month) (Day) 1830 (Year)

AGE: 77 years, 4 months, 4 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Alsace Lorraine

FULL NAME OF FATHER: Martin Simon

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Sarah Reisschlösser

BIRTHPLACE OF MOTHER (State or country): France

OCCUPATION OF DECEASED: Convict

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Ahrens.

(Address) 7542 N. Eutaw St.

Filed 1/25 1908 HARRY C. ARIES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 24th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 20th 1908 to Jan 24 1908 that I last saw her alive on Jan 24 1908, and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Congestion of lungs
Cardiac Dilatation
Coma, asphyxia

(DURATION) 2 DAYS

Contributory La Grippe

(DURATION) 8 DAYS

(Signed) Joseph Ellicher M. D.

Jan 25th 1908 (Address) 1516 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hebrew Friendship — DATE OF BURIAL: Jan 26 1908

UNDERTAKER: J. Ahrens & Co — ADDRESS: 754 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Ward 14 C 8890 Registered No. B C 8890

CERTIFICATE OF DEATH.

161

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edmonia Mahoney

{ Residence, if in Baltimore, Give Street and Number. } 208 Myrtle Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 61 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jacob Frederick

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Alethia Dorsey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Chas S. Oliver

(Address) 206 myrtle ave

Filed 1/25 1908 HARRY C. [illegible] PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23 1908

I HEREBY CERTIFY, That I attended deceased from Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Broken Neck

Jumped from roof + whilst demented

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. M. Martin M.D.

Coroner

Address

Date Jan 24 1908

Place of Burial Laurel Cem

Date Jan 25 1908

Undertaker R. A. Elliott

Address 616 Register Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

Registered No. B C 8891

City of Baltimore, (No. 210 N Central Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bertha Brown.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: Bl.

DATE OF BIRTH: ✓ (Month) ✓ (Day) 1899 (Year)

AGE: 9 years, ✓ months, ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ✓

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Andrew Brown.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Blaney Maggie.

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Brown.

(Address) 210 N Central Ave.

Filed 1/25 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 24 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to Jan 24 1908

that I last saw h er alive on Jan 24 1908,

and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

Capillary Bronchitis.

✓ (DURATION) 11 DAYS

Contributory Heart disease.

(Endocarditis) (DURATION) 1 DAYS

(Signed) B. T. Simmons M. D.

Jan 24 1908 (Address) 1514 Hollins St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Running Creek Cemetery

DATE OF BURIAL: Jan 25 1908

UNDERTAKER: R. A. Elliott

ADDRESS: 616 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 C 8892 Registered No. B C 8892

CERTIFICATE OF DEATH.

(Place of Death.) No. 2056. E. Hoffman St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Nancy F. Haslup

{ Residence, if in Baltimore, Give Street and Number. } 2056 E. Hoffman St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 14. 1829

AGE: 78 years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Asa Haslup

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah F. Haslup

(Address) 2056 E. Hoffman St.

Filed 1/25 1908 JOHN O. ... PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 24. 1908

I HEREBY CERTIFY, That I attended deceased from October 1907 to Jany 24 1908 that I last saw him alive on Jany 23. 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis for 8 years

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. A. Hoffman M.D.

Address 1131 N. Carrollton Ave

Date Jany 24. 1908

Place of Burial Balto. Cem.

Date Jan 26" 1908

Undertaker Geo. M. Frank.

Address 811 N Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8893 Registered No. B 167

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John P. Herrmann

{ Residence, if in Baltimore, Give Street and Number. } Fullerton Md

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH March 27th 1

AGE 26 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John P. Herrmann

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lena Herrmann

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Herrmann

(Address) Fullerton Md.

Filed 1/25" 1908 HARRY C. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1. 24 1908

I HEREBY CERTIFY, That I attended deceased from A. D. Corona 190 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock from Gasoline burns over 3/4 of the body, Skin Exploded, accident

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gilbert M.D.

Address 211 W. Lanvale

Date 1. 25 1908

Place of Burial Holy Trinity Cemetery

Date Jan. 27th 1908

Undertaker Henry G. Lassahn Jr

Address Fullerton Md

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 8894 Registered No. B C 8894

166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Frogga

{ Residence, if in Baltimore, Give Street and Number. } 246 Albemarle

Duration of Residence in Baltimore. 12 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 44 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ M.

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER Angelanto Frogga

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Monossi

(Address) 800 Eastern Ave.

Filed 1/25" 1908 HARRY OF AKERS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1.24 1908

I HEREBY CERTIFY, That I attended deceased from as follows 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock - Bone fracture of right leg - laceration of perineum & lubricating gravel bucket fell on him. Probably bone fracture - unimportant accident.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Ifkovits M.D.
coroner

Address 211 W. Lanvale

Date 1.25.08 190

Place of Burial St. Druckts Cem.

Date Jan. 27" 1908

Undertaker Trudell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8895 Registered No. B C 8895

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Wenz

{ Residence, if in Baltimore, Give Street and Number. } St Mary's Seminary

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Very Rev. Edw. Hoyer

(Address) St Mary's Seminary

Filed 1/25 1908 HARRY O. ARNOLD, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25 1908

I HEREBY CERTIFY, That I attended deceased from Jan 18 1908 to Jan 25 1908 that I last saw h alive on Jan 25 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis
due to Perforation

(DURATION) 4 DAYS

Contributory (Primary.) Acute appendicitis (DURATION) 11 days

(Signed) Thos F. Mosby M.D.

Address St Joseph's Hospital

Date Jan. 25th 1908

Place of Burial Cleveland Ohio

Date January 26th 1908

Undertaker Henry H. Jenkins & Sons Co

Address 300 N. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8896 Registered No. B C 8896

CERTIFICATE OF DEATH.

116

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Brown

{ Residence, if in Baltimore, Give Street and Number. } 227 N. Dallas Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 27 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jessie Brown

(Address) 2214 Dallas St.

Filed 1/26 1908 HARRY C. ANDRES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 22" 1908

I HEREBY CERTIFY, That I attended deceased from Jan 17 1908 to Jan 22 1908 that I last saw her alive on Jan 22 1908, and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute General Peritonitis

(DURATION) DAYS

Contributory (Primary.) Pelvic Inflammatory Disease (DURATION) DAYS

(Signed) Ernest E. Cullen M.D.

Address Johns Hopkins Hospital

Date Jan 22 1908

Place of Burial Cathy C

Date Jan 26 1908

Undertaker Wm J. Jackson

Address 429 Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8897

Ward ..... C 8897 Registered No. B .....

CERTIFICATE OF DEATH.

137

(Place of Death.) No. 1240 S Canton St - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frances Rutkowska

{ Residence, if in Baltimore, Give Street and Number. } 1240 S. Canton St

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: W.
DATE OF BIRTH: 1	
AGE: 40 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	John Dont Know
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andew Paskra

(Address) 1240 S. Canton St

Filed 1/26 1908 HARRY C. AMES, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 21 1908 to Jan. 25 1908 that I last saw her alive on " 24 1908 and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Dystocia (Foetal)

(DURATION) DAYS

Con'ributory (Primary.) Peritonitis

(DURATION) DAYS

(Signed) Charles Meer M.D.

Address 619 Patterson Park Ave

Date Jan 25 1908

Place of Burial Holy Rosary.

Date Monday Jany 27th 1908

Undertaker M. S. Sadowski.

Address 703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 8898 Registered No. B C 8898

CERTIFICATE OF DEATH. 19

(Place of Death.) No. N. E. Cor. Windsor Cir. & 12th St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza J. Loane

{ Residence, if in Baltimore, Give Street and Number. } N. E. Cor Windsor Cir & 12th St Walbrook

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 2 1830

AGE 77 years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Nottingham Old England

FULL NAME OF FATHER Daniel M. Gordacre

BIRTHPLACE OF FATHER (State or country) Nottingham England

MAIDEN NAME OF MOTHER Eliza Gordacre

BIRTHPLACE OF MOTHER (State or country) Nottingham England

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Parker Lloyd

(Address) Windsor Cir & 12th St.

Filed 1/26 1908 HARRY C. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 24th 1908 to Jan 24 1908 that I last saw h[illegible] alive on Jan 24 1908, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

(DURATION) 1 DAYS

Contributory (Primary) Senile debility

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 3403 Walbrook Ave

Date Jan 24 1908

Place of Burial Greenmt Cemetery

Date January 26th 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the Undertaker, or other person superintending the burial, a certificate notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C 8899

C 8899 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1119 Whitecourt St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Wm Perry

{Residence, if in Baltimore, Give Street and Number.} 1119 Whitecourt St.

Duration of Residence in Baltimore. 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: 1870

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): S. C.

FULL NAME OF FATHER: David Brown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Barber.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Perry

(Address) 1119 Whitecourt St

Filed 1/26 1908 HARRY C. AHRENS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28th 1908 to Jan 24 1908

that I last saw h alive on Jan 24 1908

and that death occurred, on the date stated above, at 9.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Phthisis (DURATION) 60 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Leitch M.D.

Address 1313 W. North ave

Date Jan 25th 1908

Place of Burial Mt Olivet Cem

Date Jan 26 1908

Undertaker Chas H. Cosey & Son

Address 1400 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 8900 Registered No. B C 8900

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1630 Presstman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pauline Ward

{ Residence, if in Baltimore, Give Street and Number. } 1630 Presstman St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH 1

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Calvert Co Md

FULL NAME OF FATHER Robt Jones

BIRTHPLACE OF FATHER (State or country) Calvt Co Md

MAIDEN NAME OF MOTHER Grace Jones

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Percy L. Ward

(Address) 1630 Presstman St

Filed 1/26 1908 HARRY C. AMEREN, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 25, 1908.

I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1908 to Jan. 25, 1908 that I last saw h[illegible] alive on Jan. 24, 1908 and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia (DURATION) 4 DAYS

Contributory (Primary) [illegible]

[illegible] (DURATION) 12 DAYS

(Signed) W. Edw Magruder M.D.

Address 922 Madison Ave

Date Jan. 25 1908

Place of Burial Calvt Co Md

Date Jan 28th 190

Undertaker Geo. H. Hooper

Address 609 Little Pacific St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 8901 Registered No. B C 8901

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 9 Barnes Court (Born court) St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Clara A Floyd

{Residence, if in Baltimore, Give Street and Number.} 9 Barnes Ct.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH 1

AGE 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Edw Frazer

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Lotts

(Address) 609 Little Paca St.

Filed 1/26 1908 HARRY C. ANDERS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1908

I HEREBY CERTIFY, That I attended deceased from Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (?)

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address

Date Jan - 25 1908

Place of Burial Mt Auburn cemetery

Date Jan 27 1908

Undertaker Dept Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 8902 Registered No. B C 8902

CERTIFICATE OF DEATH. 14

(Place of Death.) No. 1301 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah L Sterguel

{ Residence, if in Baltimore, Give Street and Number. } 1206 Jefferson st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 22nd 1851

AGE: 56 years, 5 months, 2 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: George C Clapp

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Elizabeth Merryman

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Virginia L Mitchell

(Address) 1301 E Biddle st

Filed 1/26 1908 HARRY C. JONES, PARK'T CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 15th 1907 to Jan 24 1908

that I last saw h[illegible] alive on Jan 23 1908,

and that death occurred, on the date stated above, at 8[illegible] a.m. CAUSE OF DEATH (Secondary or Immediate)

Valvular Dis of Heart.

Cr

(DURATION) Few DAYS

Contributory (Primary) Capillaria Bronchitis (DURATION) 9 DAYS

(Signed) Edmund Whitehead M.D.

Address 28 Augusta

Date Jan 24th 1908

Place of Burial Greenmount Cemetery

Date January 27th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 8903 Registered No. B C 8903

CERTIFICATE OF DEATH.

(Place of Death.) No. 223 Lakewood ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Dentz

{Residence, if in Baltimore, Give Street and Number.} 223 Lakewood ave

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 1 1897

AGE 10 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Henry Dentz

BIRTHPLACE OF FATHER (State or country) Ger.

MAIDEN NAME OF MOTHER Lucy Kraecker

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Dentz

Address 223 Lakewood ave

Filed 1/26 1908

HAINT C. [illegible]
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 - 1908

I HEREBY CERTIFY, That I attended deceased from Dec 23 1907 to Jan 24 1908

that I last saw her alive on Jan 22 1908

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis
Meningitis

(DURATION) 6 wks DAYS

Con'ributory (Primary) Exhaustion

(DURATION) 2 DAYS

(Signed) J. C. Slades M. D.

Address 1143 N. Bway

Date Jan 25 1908

Place of Burial Holy Redeemer

Date Jan 27 1908

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE

Ward 10 C 8904 Registered No. B C 8904

10

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary L. Conley

{ Residence, if in Baltimore, Give Street and Number. } 1418 W Lafayette Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 24 1908

AGE 29 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thomas Conley

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Anna Klein

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kabernagle

(Address) 1418 W Lafayette Ave

Filed 1/26 1908 HARRY C. ARNEST PARLT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1908

I HEREBY CERTIFY, That I attended deceased from Jan 18 1908 to Jan 24 1908 that I last saw h~~er~~ alive on Jan 24 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Central abscess & lesions from mastoid infection

(DURATION) 6 DAYS

Contributory (Primary.) Grippe infection

(DURATION) DAYS

(Signed) Harry Gross M.D.

Address 909 Cathedral

Date Jan 24 1908

Place of Burial New Cathedral

Date 1/27/08

Undertaker Jacob Arnold & Son

Address 754 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19th C 8905 Registered No. B C 8905

CERTIFICATE OF DEATH.

(Place of Death.) No. 1205 Stockholm St. If Death occurred in Hospital or Institution give its Name instead of Street and Number

Full Name John H von Luehl

{Residence, if in Baltimore, Give Street and Number.} 1205 Stockholm st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 18 1875

AGE 32 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Boston von Luehl

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Mary A Meyer

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Teamster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lawrence von Luehl

(Address) 1203 Stockholm st.

Filed 1/26 1908 HENRY C. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1908

I HEREBY CERTIFY, That I attended deceased from Nov 28 1907 to Jan 23 1908

that I last saw him alive on Jan 23 1908

and that death occurred, on the date stated above, at 8:20 A. M. CAUSE OF DEATH (Secondary or Immediate

Cirrhosis of Liver

2 months (DURATION) DAYS

Contributory (Primary.) Dropsy

(DURATION) 3 DAYS

(Signed) J. E. Irmer M.D.

Address 855 Edmondson Ave

Date Jan 24 1908

Place of Burial Holy Redeemer

Date Jan 27th 1908

Undertaker Jno. A. Horan

Address Bank & Arnold

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward ..... C 8906 Registered No. B. C 8906

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Price

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: ..... 1 .....

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Indiana.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/26 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... Jan. 25 1908

I HEREBY CERTIFY, That I attended deceased from Aug 13. 1907 to Jan. 25 1908

that I last saw her alive on Jan. 25 1908

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) Influenza

Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt F. Bay M.D.

Address Bay View

Date Jan. 25 1908

Place of Burial Cathedral Cemetery

Date Jany 27" 1908

Undertaker Chas F. Evans

Address 1184 120 West Royal

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 8907

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bell McElarney

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Penn.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holloway, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 26 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 18 1907 to Jan. 26 1908

that I last saw h alive on Jan. 26 1908

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Con'tributory (Primary.) Paralysis.

(DURATION) DAYS

(Signed) Robt. P. Bay- M.D.

Address Bay View

Date Jan. 26. 1908

Place of Burial Catholic Cemetery

Date Jany 28" 1908

Undertaker Chas. H. Kramer & Co

Address 1814 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8908 Registered No. B ..... C 8908

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Wilson

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lemar Holloway. Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/26 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 26 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 20 1908 to Jan. 25 1908 that I last saw h alive on Jan 25 1908 and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) Carcinoma of Scalp. (DURATION) ..... DAYS

(Signed) Robt F Bay M.D.

Address Bay View

Date Jan. 26 1908

Place of Burial Sacred Heart

Date Jany. 27th 1908

Undertaker Chas. F. Evans

Address 1184 to 1190 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 8909 Registered No. B C 8909

154

CERTIFICATE OF DEATH.

(Place of Death.) No. Home Incurable St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A Johnston

{ Residence, if in Baltimore, Give Street and Number. } Home Incurables

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 88 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Daniel Flynn

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Johanna Harrington

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs R. L. Stevens

(Address) 1040 Edmondson Ave

Filed 1/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25th 1908

I HEREBY CERTIFY, That I attended deceased from Past 2½ hours 190 to 190

that I last saw her alive on Jan 25th 1908,

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

old age

(DURATION) ? DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) C. M. Gabriel M.D.

Address 2402 St Paul St

Date Jan 25th 1908

Place of Burial Balto. Cemetery

Date Jan. 26th, 1908

Undertaker J. E. Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 1 C 8910 Registered No. B C 8910

CERTIFICATE OF DEATH.

(Place of Death.) No The Chas. H. Stone Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma V. Jones

{Residence, if in Baltimore, Give Street and Number.} Annapolis Md

Duration of Residence in Baltimore. 13 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH 1

AGE 59 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Williamsport Penn

FULL NAME OF FATHER Oliver Watson

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Louisetta Scott

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo C Watson Jones

(Address) Red Bank N J.

Filed 1/26 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 24 1908

I HEREBY CERTIFY, That I attended deceased from Jany 11 1908 to Jany 24 1908 that I last saw h[illegible] alive on Jany 24 1908, and that death occurred, on the date stated above, at 6.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

Immediate — J. Ethridge

(DURATION) 10 DAYS

Contributory (Primary.) Uremia Diphtheria

(DURATION) — DAYS

(Signed) H. D. Gruin M.D.

Address The Chas. H. Stone Infirmary

Date January 24 1908

Place of Burial Fredericksburg Va

Date Jan 27th 1908

Undertaker H. E. Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 8911 Registered No. B C 8911

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 882 clifford st St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Earle Williams

{ Residence, if in Baltimore, Give Street and Number. } 882 Clifford St

Duration of Residence in Baltimore. 4 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	Sept 12 1907
AGE	years, 4 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	James Williams
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Bertha Pinder
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	Baby

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Williams

(Address) 882 Clifford St

Filed 1/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23 1908

I HEREBY CERTIFY, That I attended deceased from Jan 23 1908 to Jan 23 1908 that I last saw h im alive on Jan 23 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 20 hrs DAYS

Contributory (Primary.) ditto (DURATION) 20 hrs DAYS

(Signed) Thos E Chatmer M.D.

Address 414 N Carey

Date Jan 24 1908

Place of Burial Mt auburn Cemty

Date Jan 26 1908

Undertaker John F Jacobsen

Address 142 W Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

C 8912

Registered No. B.....

City of Baltimore, (No. 1716 N. Fulton Ave, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Heldmann.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1908 (Year)

AGE: ..... years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Geo Heldmann

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Ethel Stall

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Nonz

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Heldmann

(Address) 1716 N Fulton Ave

Filed 1/26" 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 23rd, (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 15th 1908 to Jan 23rd 1908 that I last saw h alive on Jan 22nd 1908, and that death occurred, on the date stated above, at 1100 A. M. The CAUSE OF DEATH was as follows:

Malnutrition and Marasmus.

(DURATION) 3 weeks DAYS

Contributory Spurious Hydrocephalus

(DURATION) one DAYS

(Signed) Wm E. Miller M. D.

Jan 25th 1908 (Address) 2239 Pennsylvania Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: January 26 1908

UNDERTAKER: John E Hough Co | ADDRESS: 1422 Pennsylvania Ave

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8913

Registered No. B

City of Baltimore, (No. 804 Gorsuch ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret V. North

PERSONAL AND STATISTICAL PARTICULARS

SEX F. Males

COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1843 (Year)

AGE 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Cumbert Bell

BIRTHPLACE OF FATHER (State or country) That information was not furnished

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Attended to her household duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elmer North

(Address) Newport News Va.

Filed 1/26" 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Janry 24th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Janry 10 1908 to Janry 24 1908 that I last saw h alive on 23 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) 15 DAYS

Contributory Sc Cancer of uncertain (DURATION) DAYS

(Signed) Thomas Shearer M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park

DATE OF BURIAL Janry 27 1908

UNDERTAKER John E Hough Co

ADDRESS 1422 Pennsylvania ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C 8914 Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1614 Thames St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Legin

{Residence, if in Baltimore, Give Street and Number.} 1614 Thames St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Jan. 19, 1908

AGE ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED. Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Wojciech Legin

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Mary Track

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May Legin

(Address) 1614 Thames St

Filed 1/26 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Intussusception

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sadler Cummins M.D.

Address 320 S Greene St

Date 190

Place of Burial Holy Rosary

Date January 27 1908

Undertaker Jacob Jackowski

Address 425 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 8915 Registered No. B

CERTIFICATE OF DEATH. 14

(Place of Death.) No. 2316 Eutaw St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wellington Walter

{ Residence, if in Baltimore, Give Street and Number. } 2316 Eutaw

Duration of Residence in Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 18 1894

AGE 13 years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ga.

FULL NAME OF FATHER Otto L Walter

BIRTHPLACE OF FATHER (State or country) N.J.

MAIDEN NAME OF MOTHER Emma Kuns

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto L Walter

(Address) 2316 Eutaw

Filed 1/26 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 25 1908

I HEREBY CERTIFY, That I attended deceased from about 2 weeks prior to death to that I last saw h[im] alive on Jany 25 1908 and that death occurred, on the date stated above, at —

11. CAUSE OF DEATH (Secondary or Immediate)

Multiple Neuritis

about 2 weeks —

(DURATION) DAYS

Contributory (Primary) Probably

Guelin (DURATION) ? DAYS

(Signed) W. O. E. Wyn M.D.

Address Pleasant Md

Date Jany 26 1908

Place of Burial Druid Ridge Cem

Date Jany 27 1908

Undertaker W. F. Sanders Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

Ward ..... C 8916 Registered No. B ..... C 8916

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 557 W Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Houghton

{Residence, if in Baltimore, Give Street and Number.} 557 W Biddle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

COLOR: White

DATE OF BIRTH: Jan 15th 1865

AGE: about 5 37 yrs. ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Hughes

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Halegan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: House Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Homes

(Address) 2641 Hudson Hill

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 25th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

acute Nephritis (DURATION) ..... DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Chas Bruce Thomas M.D.

Address 701 Eutaw av. (Crowton)

Date Jan 25 1908

Place of Burial Western Cemetery

Date Jan 27th 1908

Undertaker Geo. Bentz

Address 594 W Biddle St

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8917 Registered No. B 144

CERTIFICATE OF DEATH.

(Place of Death.) No. 507 S. Port street St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Stefano Cabolo

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 26 December 1907

AGE — years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Fortunat Cabolo

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Paolina Secherstu

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fortunat Cabolo

(Address) 507 S. Port St

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 26 January 1908

I HEREBY CERTIFY, That I attended deceased from 21 Janu 1908 to 26 Janu 1908 that I last saw him alive on 26 Janu 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis and abscesses

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Barone M.D.

Address 204 N Greene st

Date 26 January 1908

Place of Burial Holy Rosary Cem

Date Jan 27 1908

Undertaker J. Sanderson

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 8918 Registered No. B C 8918

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 914 Hare St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Brehm

{ Residence, if in Baltimore, Give Street and Number. } 914 Hare St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 6th 1855

AGE 52 years, 8 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wolfgang Ludwig

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Brehm

(Address) 914 Hare St.

Filed 1/27 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25 1908

I HEREBY CERTIFY, That I attended deceased from Jan 25 1908 to Jan 25 1908 that I last saw h[illegible] alive on Jan 25 1908, and that death occurred, on the date stated above, at 12 Midnight

CAUSE OF DEATH (Secondary or Immediate)

Cerebral Haemorrage

(DURATION) 9 hrs DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Canton Dispensary

Date 190

Place of Burial Holy Redeemer Cem

Date Jan 28 1908

Undertaker J. Sandu & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 8919 Registered No. B C 8919

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2414 Fait ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Adam Hasenier

{ Residence, if in Baltimore, Give Street and Number. } 2414 Fairfax

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 5 1879

AGE 30 years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Philip Hasenier

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Mabus

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mela

(Address) 824 S. Bond St.

Filed 1/27 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25 1908

I HEREBY CERTIFY, That I attended deceased from Nov 25 1907 to Jan 25 1908 that I last saw him alive on Jan 23 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary T. B.

about one year (DURATION) DAYS

Contributory (Primary) asthenia

about two months (DURATION) DAYS

(Signed) W. L. Burke M.D.

Address 3042 Hudson St.

Date Jan 27 1908

Place of Burial Mt Carmel Cem

Date Jan 27 1908

Undertaker A. Landau Sons

Address 1710 Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8920 Registered No. B C 8920

CERTIFICATE OF DEATH. 1

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Ruzel.

{Residence, if in Baltimore, Give Street and Number.} 822 Shuter St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 14 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Johan Ruzel

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Anna Potorny

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Hoor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. —

(Informant) Anna Ruzel

(Address) 822 Shuter St

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1905 to Jan 26 1908 that I last saw him alive on Jan 26 1908, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

Pneumonia

(DURATION) DAYS

Contributory (Primary) Exhaustion

Pneumonia (DURATION) DAYS

(Signed) Walter D. Thiel M.D.

Address City Hospital

Date Jan 26 1908

Place of Burial Holy Redeemer

Date Jan 29 1908

Undertaker Frank Grack

Address 1904 Ashland Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 8921 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 440 W. Patterson Pk. Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Benick

{Residence, if in Baltimore, Give Street and Number.} 440 W. Patterson Pk Ave

Duration of Residence in Baltimore. 42 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Joseph Skunek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Elizabeth Skuner

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. E. Skroupa

(Address) 478 W Patterson Pk Ave

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 26 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 22 1908 to Jan. 26 1908

that I last saw h[illegible] alive on Jan. 25 1908,

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (lobar)

(DURATION) 5 DAYS

Contributory (Primary.) Acute Cardiac dilatation (DURATION) 1½ DAYS

(Signed) Emil Novak M.D.

Address 839 N. Patterson Pk Ave

Date January 26 1908

Place of Burial Oak Hill

Date Jan. 28 1908

Undertaker Frank Enoch

Address 1904 Eutaw pl

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8922 Registered No. B C 8922

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Goodman

{ Residence, if in Baltimore, Give Street and Number. } 733 Jew Alley

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: September 20th 1863

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Thomas Goodman

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Brown

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Reed

(Address) 1410 E. Madison St

Filed 1/27 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 25 1908

I HEREBY CERTIFY, That I attended deceased from Nov 22 1907 to Jan 25 1908 that I last saw him alive on Jan 25 1908, and that death occurred, on the date stated above, at 2.15 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Chronic nephritis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date Jan 25 1908

Place of Burial Laurel Cemetary

Date Jan 28" 1908

Undertaker Chas Burkett

Address 502. Bloom Str

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., Baltimore.

Ward 21 C 8923 Registered No. B 116

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Brennan

{ Residence, if in Baltimore, Give Street and Number. } Pinkney Rogers Ave.

Duration of Residence in Baltimore. All life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 12 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: John T Brennan

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Mary [illegible]

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED: Gone

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T Brennan

(Address) Pinkney Rogers Ave

Filed 1/27 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 25th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 25 11 A.M. 1908 to Jan 25 - 5.30 P.M. 1908 that I last saw h[illegible] alive on June 25 1908, and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tetanus

(DURATION) DAYS

Contributory (Primary.) General Peritonitis (DURATION) DAYS

(Signed) H W Roberts M.D.

Address University Hospital

Date January 26th 1908

Place of Burial St Mary Mem

Date Jan 27 to 1908

Undertaker Martin Fahey & Son

Address 606 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C 8924

C 8924

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 313 N. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cornelia Robb Morris

{Residence, if in Baltimore, Give Street and Number.} 313 N. Paca St.

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 22 1835

AGE 72 years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto County, Md.

FULL NAME OF FATHER James Beacham

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Rebecca Flanigan

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Foley Hisky

(Address) 25 N. Charles Street.

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 25- 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3 1908 to Jan. 24 1908 that I last saw h W alive on Jan. 24 1908, and that death occurred, on the date stated above, at 9.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Cerebral Softening -

(DURATION) about 1 yr DAYS

Contributory (Primary.) Influenza

(DURATION) 10 DAYS

(Signed) J Bond Brown M.D.

Address 315 N. Paca St.

Date Jan. 25- 1908

Place of Burial Greenmount Cemetery

Date January 27 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8925 Registered No. B C 8925
81

CERTIFICATE OF DEATH.

(Place of Death.) No. 223 W. Monument St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ann Catherine Hyde

{ Residence, if in Baltimore, Give Street and Number. } 223 W. Monument St

Duration of Residence in Baltimore. 84 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White.

DATE OF BIRTH January 11th 1824

AGE 84 years, 0 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Maryland

FULL NAME OF FATHER Francis Hyde

BIRTHPLACE OF FATHER (State or country) Massachusetts.

MAIDEN NAME OF MOTHER Mehetable Raymond

BIRTHPLACE OF MOTHER (State or country) Massachusetts

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Pratt Hyde

(Address) 223 W. Monument St.

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 25. 1908.

I HEREBY CERTIFY, That I attended deceased from Jan. 16. 1908 to Jan. 25 1908 that I last saw her alive on Jan. 24 1908, and that death occurred, on the date stated above, at 8

M. CAUSE OF DEATH (Secondary or Immediate)

Death Immediate
Atheroma of Coronary arteries

(DURATION) DAYS

Contributory (Primary.) [redacted]pa

(DURATION) 10 DAYS.

(Signed) H. Ted Hamilton, M.D.

Address 921 Cathedral St.

Date Jan. 25. 1908

Place of Burial Greenmount Cemy

Date January 28th 1908

Undertaker Henry Jenkins & Son Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8926 Registered No. B C 8926

CERTIFICATE OF DEATH.

19

(Place of Death.) No. St Marys Seminary - Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rev. Father Francis Dissez D.D.

{Residence, if in Baltimore, Give Street and Number.} St Marys Seminary -

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	July 13 1828
AGE	79 years, 6 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	France
FULL NAME OF FATHER	not known
BIRTHPLACE OF FATHER (State or country)	France
MAIDEN NAME OF MOTHER	not known
BIRTHPLACE OF MOTHER (State or country)	France
OCCUPATION OF DECEASED	Religious

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. E. R. Dyer.

(Address) St Marys Seminary

Filed 1/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 25 1908

I HEREBY CERTIFY, That I attended deceased from Jan 24 1908 to Death 190

that I last saw him alive on Jan 24 1908

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Lungs & Myocarditis

(DURATION) 2 DAYS

Contributory (Primary.) old age (DURATION) DAYS

(Signed) Charles O'Donnell M.D.

Address 10 E. Read St

Date Jan 26 1908

Place of Burial St Marys Seminary Cemetery Paca St

Date January 28th 1908

Undertaker Henry E. Jenkins & Son

Address 300 W. Madison St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8927 Registered No. B C 8927

CERTIFICATE OF DEATH.

(Place of Death.) No. 2119 Wilhelm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Cathrine Rausch

{ Residence, if in Baltimore, Give Street and Number. } 2119 Wilhelm

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH Sept 29 1907

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER George Rausch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Daisy M. Ruley

BIRTHPLACE OF MOTHER (State or country) Havredegrace.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr George Rausch

(Address) 2119 Wilhelm St-

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 25 1908

I HEREBY CERTIFY, That I attended deceased from Dec Prior 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions
Congenital Debility

(DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) Thos Jones M.D.
Coroner

Address

Date Jan 26 1908

Place of Burial Western Cemetery

Date Jan 27 1908

Undertaker Mrs Geo P. Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

CERTIFICATE OF DEATH.

C 8928

Registered No. B

City of Baltimore, (No. 3507 Clifton av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dr. Wm R Stemmetz

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Sept 8 1837
(Month) (Day) (Year)

AGE 72 years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Waldeck Prussia

FULL NAME OF FATHER Carl Stemmetz

BIRTHPLACE OF FATHER (State or country) Prussia

MAIDEN NAME OF MOTHER Marianne Schroeder

BIRTHPLACE OF MOTHER (State or country) Prussia

OCCUPATION OF DECEASED Retired Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas E Carr

(Address) Law Building

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 26 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 1907 to Jany 26 1908 that I last saw h em alive on Jany 26 1908 and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Asthenia

about 1 year (DURATION) DAYS

Contributory Carcinoma of Stomach (DURATION) DAYS

(Signed) Jas E Carr M. D.

190 (Address) 3310 St. Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mount Auburn DATE OF BURIAL Jany 28 1908

UNDERTAKER W. J. Pentecost Son ADDRESS Caroline Place

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 Registered No. B C 8929

C 8929

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 1305 W. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary J. Seifert

{Residence, if in Baltimore, Give Street and Number.} 1305 W. Cross st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 13 1865

AGE 42 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John. Green

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur. Seifert

(Address) 1305 W. Cross st

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 15th 1908 to Jan. 26 1908

that I last saw h[illegible] alive on Jan. 25th 1908

and that death occurred, on the date stated above, at 4 10 A. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) 11 DAYS

Contributory (Primary) Grip

Heart Disease (DURATION) 1 year DAYS

(Signed) A. F. Robinson M.D.

Address 837 N. Eutaw St.

Date Jan. 26 1908

Place of Burial London Park

Date Jan 29 1908

Undertaker W. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

to Robinson 837 N. Eutaw

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Yard ..... C 8930 Registered No. B ..... C 8930

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 733 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nellie B. Hippler

{Residence, if in Baltimore, Give Street and Number.} 733 W. Hamburg St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 2th 1887

AGE 21 years, 0 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Welford Limerick

BIRTHPLACE OF FATHER (State or country) Fredicksberg Va

MAIDEN NAME OF MOTHER Rebbecca Blinco

BIRTHPLACE OF MOTHER (State or country) Jefferson County W Va

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marion Shiloh

(Address) 750 W Hamburg st

Filed Jan 27 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 24, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1907 to Jan. 24, 1908 that I last saw h.r alive on Jan. 24, 1908, and that death occurred, on the date stated above, at 1.0 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 18 Mon~~th~~s

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Simpkins M.D.

Address 653 Columbia Ave

Date Jan. 26, 1908

Place of Burial Loudon Park

Date Jan 27 1908

Undertaker W. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8931 Registered No. B 10

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Winefried Flaherty

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: 1840

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Cully

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Sarah — —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley Sts

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 26th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on Jany 24 1908,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Influenza

(DURATION) 10 DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) F. E. Warner, M.D.

Address 1133 Vaden Ave

Date Jany 26 1908

Place of Burial Holy Cross

Date Jan. 27. 1908

Undertaker H. C. Weidefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward IV C 8932 Registered No. B C 8932

CERTIFICATE OF DEATH.

164

(Place of Death.) No. 418 Girard Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Ann Driscoll

{Residence, if in Baltimore, Give Street and Number.} 418 Girard ave

Duration of Residence in Baltimore. about 21 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 75 ~~11~~ years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Dennis O'Leary

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Marg. Forrest

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Daughter

(Address) 418 Girard Ave

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 26 1908

I HEREBY CERTIFY, That I attended deceased from Dec 27 1908 to Jan. 26 1908 that I last saw h-- alive on Jan 25 1908 and that death occurred, on the date stated above, at 5' P.M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of thigh

(DURATION) 29 DAYS

Contributory (Primary) -

Exhaustion (DURATION) ... DAYS

(Signed) James McKenna M.D.

Address 1916 Chase St

Date Jan. 26 1908

Place of Burial St. Peters

Date Jan. 29, 1908

Undertaker H. C. Niedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... C 8933 Registered No. B ..... C 8933

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 2042 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James McCullough

{Residence, if in Baltimore, Give Street and Number.} 2042 W. Fayette St

Duration of Residence in Baltimore. 31 years C 8933

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH	1
AGE	62 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Bernard McCullough.
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia McCullough.

(Address) 2042 W fayette St.

Filed 1/27 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 5th 1908 to Jan 26th 1908 that I last saw him alive on Jan 25th 1908, and that death occurred, on the date stated above, at 7.30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of stomach.
Arterio sclerosis.

4 months (DURATION) — DAYS

Con'tributory (Primary.) Exanthem

(DURATION) 3 DAYS

(Signed) Wm. Nicholls M.D.

Address 30 N. Fulton Ave.

Date Jan. 26th 1908

Place of Burial Cathedral.

Date Jan. 2 1908

Undertaker Wm Cook

Address 502 North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8934

City of Baltimore, (No. 1933, Ridgwood Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Lottie May Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	October 14th 1883 (Month) (Day) (Year)
AGE	24 years, 3 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Wm D. Causby
BIRTHPLACE OF FATHER (State or country)	Va.
MAIDEN NAME OF MOTHER	Abiella Allender
BIRTHPLACE OF MOTHER (State or country)	Balto Co. Md.
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Miller

(Address) 1933 Ridgwood Av.

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany. 26th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 10th 1907 to Jany. 26 1908 that I last saw h alive on Jany. 25 1908, and that death occurred, on the date stated above, at 1005 A.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

6 mo. (DURATION) DAYS

Contributory Wasting & Weakness

2 to 3 Ms. (DURATION) DAYS

(Signed) Ed Jones M. D.

Jany. 26 1908 (Address) 1605 N. Monroe Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 28th 1908
UNDERTAKER	ADDRESS
Wm Cook	502 E. North Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 8935

City of Baltimore, (No. 941, W. Baltimore St.;) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie E Pettis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington D C

FULL NAME OF FATHER: Henry Deppel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Pettis

(Address) 941 W Balto St

Filed 1/27 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 5 1907 to Jan 24 1908

that I last saw her alive on Jan 24 1908,

and that death occurred, on the date stated above, at 7.15 a. m. The CAUSE OF DEATH was as follows:

Pulmonary Phthisis

(DURATION) ..... DAYS

Contributory General Debility

(DURATION) ..... DAYS

(Signed) Anthony J. Pitcolick M. D.

Jan 25 1908 (Address) 827 Aisquith St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Vincents | DATE OF BURIAL: Jan 28 1908

UNDERTAKER: W Cook | ADDRESS: 602 E Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 Registered No. B

CERTIFICATE OF DEATH. 120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Philip A. Schaefer

{Residence, if in Baltimore, Give Street and Number.} 1912 Alicanna St.

Duration of Residence in Baltimore. Life C8936

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male.	White

DATE OF BIRTH 1844

AGE 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid.

BIRTHPLACE (State or country) Balt.

FULL NAME OF FATHER Conrad Schaefer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Engelhard

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Schaefer

(Address) 1912 Alicanna St.

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 26. 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 25 1908 to Jan. 26 1908 that I last saw h alive on Jan. 26 1908 and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) DAYS

Contributory (Primary.) Nephritis.

Paralysis. (DURATION) DAYS

(Signed) Robt. P. Bay- M.D.

Address Bay View

Date Jan. 27 1908

Place of Burial Holy Redeemer Cem.

Date Jan 28 1908

Undertaker J. Germanus Thanz

Address 1804 and Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 8937 Registered No. B C 8937

CERTIFICATE OF DEATH. 45

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Donaldson

{Residence, if in Baltimore, Give Street and Number.} 1335 N. Stricker Str

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): N. Carolina

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Nutt

(Address) 1336 n Stricker st

Filed 1/27 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 24 1908

I HEREBY CERTIFY, That I attended deceased from Dec 21 1907 to Jan 24 1908 that I last saw him alive on Jan 24 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of neck probably originating in left parotid gland.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch. M.D.

Address Johns Hopkins Hospital

Date Jan 25" 1908

Place of Burial Norfolk Virginia

Date Jan 27 1908

Undertaker Reliance Co

Address 102 E Baltimore st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 8938 Registered No. B C 8938

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 1125 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Offer

{Residence, if in Baltimore, Give Street and Number.} 1125 N. Calhoun

Duration of Residence in Baltimore. Many Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH 1852

AGE 55 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Chambermaid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. Morton Chase

(Address) 1125 N. Calhoun St

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 24th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 18th 1907 to Jan 24th 1908

that I last saw h... alive on Jan 1, 1908

and that death occurred, on the date stated above, at ... P. M. CAUSE OF DEATH (Secondary or Immediate

Acute Congestion of Lungs

Pneumonia

& Exhaustion

(DURATION) ... DAYS

Contributory (Primary.) Cardiac Dilation

Typhoid

(DURATION) ... DAYS

(Signed) W. Winsey M.D.

Address 1220 E. Fayette St

Date Jan. 25th 1908

Place of Burial Laurel Cem

Date Jan 27 1908

Undertaker Saml F. Chase & Son

Address 140 = Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8939 Registered No. B

CERTIFICATE OF DEATH. 79

(Place of Death.) No. The Church Home Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cornelia Dorsey

{Residence, if in Baltimore, Give Street and Number.} 1125 Bolton St

Duration of Residence in Baltimore. 9 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1833

AGE 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) (Miss) Annie H Krause

(Address) Church Home & Infirmary

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Janry 26 1908

I HEREBY CERTIFY, That I attended deceased from Janry 25 1908 to Janry 26 1908

that I last saw her alive on Jan 26 1908

and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate.)

Diffuse Bronchitis

(DURATION) DAYS

Contributory (Primary.) Drowsy of head & Kidney

(DURATION) DAYS

(Signed) F. D Garvin M.D.

Address The Church Home, Infy

Date Janry 26 1908

Place of Burial Loudon Park

Date Jan 28th 1908

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B 8940

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 625 S. Wolfe St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John R Jump

{ Residence, if in Baltimore, Give Street and Number. } 625 S. Wolfe St

Duration of Residence in Baltimore. Life C8940

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH July 11 1855

AGE 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henry Jump

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Russel

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Lumber Marker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mary Jump

(Address) 625 S Wolfe St

Filed 1/27 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25 1908

I HEREBY CERTIFY, That I attended deceased from Jan 23 1908 to Jan 25 1908

that I last saw him alive on Jan 24 1908,

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmon

(DURATION) 3 DAYS

Contributory (Primary) Exhaustion

(DURATION) 1 DAY

(Signed) J. Clarke Slade M.D.

Address 943 N Broadway

Date Jany 26 1908

Place of Burial Baltimore Cem

Date Jan 27 1908

Undertaker HENRY SAUER & SONS

Address S. E. Cor. Broadway & Baltimore Sts and 1708-1710 Canton Avenue.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8941 Registered No. B ..... C 8941

120

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Brown

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1843

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jesse Brown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Louise Bouchet

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley Sts

Filed 1/27 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 26 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h.. alive on Jany 24 1908, and that death occurred, on the date stated above, at 7.15 p. m. CAUSE OF DEATH (Secondary or Immediate)

Nephritis Chronic

Unknown (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley St

Date Jany 27 1908

Place of Burial Baltimore Comy

Date January 29 1908

Undertaker Jos. Sverdsen & Son

Address 217 S. Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 Registered No. B C 8942

C 8942

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 233 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francis Brown

{Residence, if in Baltimore, Give Street and Number.} 233 S. Dallas St.

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ?

BIRTHPLACE (State or country) Anarundell Co

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Anarundell Co

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Anarundell Co

OCCUPATION OF DECEASED labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Young

(Address) 233 S Dallas St

Filed 1/27 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 26th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 28th 1907 to Jan. 26th 1908

that I last saw h[illegible] alive on Jan. 21st 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

Cardiac Dilatation

Bronchitis

(DURATION) 6 weeks DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) A. F. Ries M.D.

Address 213 S. Bmore St

Date Jan. 26th 1908

Place of Burial Asbury Cemetery

Date Jan 27 1908

Undertaker John W Henderson

Address 31 N Caroline st.

WM. J. C. DULANY CO., BALTIMORE.

W J C DULANY

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 8943 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 651 Sterling St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. J. Croghan

{Residence, if in Baltimore, Give Street and Number.} 651 Sterling St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Thomas Croghan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Theresa Diffley

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Ellen Croghan

(Address) 651 Sterling St

Filed 1/27 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 25th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 10th 1908 to Jan 24th 1908

that I last saw h alive on Jan 23rd 1908

and that death occurred, on the date stated above, at 12.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion & Asthenia

2 Mos. (DURATION) ... DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) ... DAYS

(Signed) Jno. T. McCarthy M.D.

Address 656 W. Franklin St.

Date Jan. 25th 1908

Place of Burial Holy Cross Cemetery

Date Jan. 28th 1908

Undertaker Henry Hoecke & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2. J. M. C 8944 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Kolb.

{Residence, if in Baltimore, Give Street and Number.} 1231 E. Eager St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 81 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 25th 1908

I HEREBY CERTIFY, That I attended deceased from July 4th 1907 to Jany 25th 1908 that I last saw her alive on Jany 25th 1908 and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Ex Lanation.

(DURATION) DAYS

Con'tributory (Primary.) Senility.

(DURATION) DAYS

(Signed) R. P. Bay M.D.

Address Bay View Hospital

Date Jany 25th 1908

Place of Burial Holy Redeemer Cemetery

Date Jan. 28th 1908

Undertaker Henry Hoeck Son

Address 1301. E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8945 Registered No. B C 8945

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary McLaughlin

{Residence, if in Baltimore, Give Street and Number.} 908 Eager St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 8 1892

AGE 15 years, 5 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James McLaughlin

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Kate Gannon

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James McLaughlin

(Address) 908 E Eager St

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 26 1908

I HEREBY CERTIFY, That I attended deceased from Dec 24 1907 to Jan 26 1908

that I last saw h[illegible] alive on Jan 26 1908, 5:30 a

and that death occurred, on the date stated above, at [illegible]

CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis

(DURATION) 30 DAYS

Contributory (Primary.) Nephritis

Six Weeks (DURATION) DAYS

(Signed) W. W. Bowers M.D.

Address Md. Gen. Hosp.

Date Jan. 26, 1908

Place of Burial New Cathedral Cemetery

Date Jan. 28 1908

Undertaker Henry Hoede & Son

Address 1301 E. Eager St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALT 3RE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. C 8946

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

C 8946

Registered No. B.....

City of Baltimore, (No. 429 Aisquith St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth V. Burton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan (Month) 24 (Day) 1908 (Year)

AGE: 1 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balti. Co

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Alice Burton

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Peterson M.D.

(Address) 1103 N. Eden St.

Filed 1/27 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 24 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 24 1908 that I last saw her alive on Jan 23 1908, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Broncal Pneumonia

(DURATION) 10 DAYS

Contributory Grippe Cold

(DURATION) 20 DAYS

(Signed) E. L. Peterson M. D.

Jan 24 1908 (Address) 1103 N. Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JAN 24 1908

UNDERTAKER: Commissioner Health,

ADDRESS:

Per. Wm. E. WOODALL.

FOR ANATOMICAL PURPOSES

Ward ..... Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Collins

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. C8947

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 88 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid.

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/27 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 23 1908

I HEREBY CERTIFY, That I attended deceased from June 6. 1907 to Jan. 23 1908

that I last saw h[er] alive on Jan. 23 1908

and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchi-Pneumonia

..... (DURATION) ..... DAYS

Con[tributory] (Primary.) Senility

..... (DURATION) ..... DAYS

(Signed) Robt. L. Bay M.D.

Address Bay View

Date Jan. 24 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 24 1908 190 ....

Undertaker Aug. Rittmiller

Address Lane 2201

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 8948 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Kitty Ellis

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: Col.

DATE OF BIRTH: 1

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/17 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 23 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 25 1907 to Jan. 23 1908 that I last saw h-- alive on Jan. 23 1908 and that death occurred, on the date stated above, at 7 30 9 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.) Hemiplegia

(DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Jan. 23. 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 24 1908 190

Undertaker Aug. Ritzwilder

Address 2 Hall's Dep't

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

BAY VIEW ASYLUM Lamar Rehizer, Supt.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

319

Ward ..... C 8949 Registered No. B ..... C 8949

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John N. Jones

{ Residence, if in Baltimore, Give Street and Number. } Bay View.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Col

DATE OF BIRTH: ..... 1 .....

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. C

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/27 1908 HARRY J. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 23 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 13 1907 to Jan 23 1908 that I last saw him alive on Jan. 23 1908 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Nephritis

..... (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Jan. 23 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 24 1908 190

Undertaker Aug Nitmiller

Address 7 Hebert Sq

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8350 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josephine Jenkins

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Wash. D.C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/27 1908 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 22. 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 6 1907 to Jan 22 1908

that I last saw h[illegible] alive on Jan. 22 1908

and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt. L. Bay M.D.

Address Bay View

Date Jan. 22 1908

Place of Burial: JOHNS HOPKINS HOSPITAL

Date 190

Undertaker Aug. Rittmiller

Address 2 Hull St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

Lemar Bowley Supt. BAY VIEW ASYLUM JAN 24 1908 MARRY OF ANDREWS PERMIT CLERK

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward 4 C 8951 Registered No. B

CERTIFICATE OF DEATH. 176

(Place of Death.) No. 766 Lexington St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas D. Jones

{Residence, if in Baltimore, Give Street and Number.} 766 Lexington

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Martha Warner

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/27 1908 HARRY O'J ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23 1908

I HEREBY CERTIFY, That I attended deceased from Jan 23 1908 to Same 1908

that I last saw h..... alive on ..... 190....., and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Accidental Gas Poisoning

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) R S Martin M.D.

Address Coroner

Date Jan 25 1908

Place of Burial .....

Date ..... JAN 25 1908 190....

Undertaker ..... Commissioner of Health Per. Wm. E. Woodall

Address .....

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES.

UNIVERSITY OF MARYLAND. JAN 25 1908

320

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0. C 8952 Registered No. B C 8952

179

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Affle Jr.

{Residence, if in Baltimore, Give Street and Number.} Nursery & Childs Hosp

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 22nd 1907

AGE: ..... years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M R Stone

(Address) N. C.

Filed 1/27 1908 HARRY O. ANDREWS, PARKER CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 22 1907 to Jan 24 1908 that I last saw him alive on Jan 24 1908 and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W W Eshman M.D.

Address Balto City Hospitals

Date Jan 25 1908

Place of Burial UNIVERSITY OF MARYLAND.

Date JAN 25 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

320

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 13 C 8953 Registered No. B [illegible]

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 830 N. Front St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Smith

{ Residence, if in Baltimore, Give Street and Number. } 835 N. Front st

Duration of Residence in Baltimore. 60 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Smith

(Address) 835 N Front st.

Filed 1/27 190 8 HENRY G. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 22. 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20 190 to Jan 22 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Benj. B. Hayden M.D.

Address 1314 N Caroline st.

Date Jan. 22. 1908

Place of Burial UNIVERSITY OF MARYLAND.

Date JAN 25 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., Baltimore.

37

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 Registered No. B C 8954

C 8954

CERTIFICATE OF DEATH.

36

(Place of Death.) No. 1442- Wand St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Wittison

{ Residence, if in Baltimore, Give Street and Number. } 1442- Wand

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/27 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan- 23 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Syphilis?
Inanition

(DURATION) 30 DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date ..... 190 .....

Place of Burial PUBLIC CEMETERY.

Date JAN 26 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address .....

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

320

Ward 11 C 8955 Registered No. B

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 1216 Linden Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Louisa Teller

{Residence, if in Baltimore, Give Street and Number.} 1216 Linden Ave.

Duration of Residence in Baltimore. 1 year C8955

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 9" 1847

AGE 65 years, 5 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) N.Y.

FULL NAME OF FATHER Lewis Barhydt

BIRTHPLACE OF FATHER (State or country) N.Y.

MAIDEN NAME OF MOTHER Mary Carpenter

BIRTHPLACE OF MOTHER (State or country) N.Y.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1216 Linden Ave

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26" 1908

I HEREBY CERTIFY, That I attended deceased from Jan 7 1908 to Jan 26 1908 that I last saw h[illegible] alive on Jan 26 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis (from Cerebral Hemorrhage)

~~20~~ (DURATION) 20 DAYS

Contributory (Primary.) Arteria-Sclerosis

(DURATION) DAYS

(Signed) Dan'l Leech M.D.

Address 712 Park Ave

Date Jan 26 1908

Place of Burial Schenectady N.Y.

Date Jany 28" 1908

Undertaker Chas. H. Evans

Address 1187 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

43

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8956

Registered No. B .....

City of Baltimore, (No. 521 W Biddle St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amanda McDowell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Dont Know (Month) 1 (Day) ..... (Year)

AGE: About 59 years ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Annie McDowell Jefferson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Chambermaid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Willis McDowell

(Address) 521 W Biddle St

Filed 1/27 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 26th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Earlier Jany 1907 to Jany 25 1908 that I last saw her alive on Jany 25th 1908, and that death occurred, on the date stated above, at 330 a. m. The CAUSE OF DEATH was as follows:

Carcinoma of breast
Operated on a year or more
ago at Johns Hopkins

(DURATION) ..... DAYS

Contributory Recurrence of Carcinoma

(DURATION) ..... DAYS

(Signed) A K Bond M. D.

Jany 27 1908 (Address) 849 Park

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Jan 29 1908
UNDERTAKER	ADDRESS
J A. Bishop	1107 Druid Av

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 — Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 654 Fraplin St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosetta Smith

{Residence, if in Baltimore, Give Street and Number.} 654 Fraplin St

Duration of Residence in Baltimore. Life — C8957

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR C

DATE OF BIRTH ..... 1 .....

AGE 62 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Henry Barnes

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agustus Smith

(Address) 654 Fraplin

Filed 1/27 190 8 — HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25 190 8

I HEREBY CERTIFY, That I attended deceased from Dr Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) 21 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) R Martin M.D.

Address Coroner

Date Jan - 25 - 190 8

Place of Burial Mt Auburn

Date Jan 27 190 8

Undertaker R F Gallant

Address 306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 8958 Registered No. B 56

CERTIFICATE OF DEATH.

(Place of Death.) No. 570 Colvin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Dorsey

{ Residence, if in Baltimore, Give Street and Number. } None

Duration of Residence in Baltimore. Most of life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1871

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Dorsey

(Address) 2016 Hoyer st

Filed 1/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1/26 1908

I HEREBY CERTIFY, That I attended deceased from At Home 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ... a. m. CAUSE OF DEATH (Secondary or Immediate)

Drunkenness and Exposure. Found dead in Stable, naked,

(DURATION) ... DAYS

Con'tributory (Primary.)

(DURATION) ... DAYS

(Signed) J. D. Gilchrist M.D. Coroner

Address 211 W. Lanvale

Date Jany 27th 1908

Place of Burial Laurel Cemetery

Date Jan 27th 1908

Undertaker Chas G Bailey

Address 1421 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 8959 Registered No. B 108

CERTIFICATE OF DEATH.

(Place of Death.) No. 1020 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert E. Lettau

{Residence, if in Baltimore, Give Street and Number.} 1020 N. Washington St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 28 1907

AGE ____ years, 3 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Bernard F. Lettau

BIRTHPLACE OF FATHER (State or country) W. Va.

MAIDEN NAME OF MOTHER Mamie Wheeler

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. B Lettau

(Address) 1020 N. Washington St

Filed 1/27" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25 1908

I HEREBY CERTIFY, That I attended deceased from Jan 23 1908 to Jan 25 1908 that I last saw him alive on Jan 25 1908, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Con'tributory (Primary) Acute Intestinal Obstruction (DURATION) 2 DAYS

(Signed) W. R. Campbell M.D.

Address 1644 Hanover St.

Date Jan 26 1908

Place of Burial Baltimore Cem.

Date Jan 28 1907

Undertaker Walter W. Deal

Address 912 Washington St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 8960 Registered No. B

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 24 S. Fulton Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Maria Lowry Jamison

{ Residence, if in Baltimore, Give Street and Number. } 24 S. Fulton Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thos. Jones

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Holliday

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Jamison

(Address) 24 S. Fulton Ave

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26. 1908

I HEREBY CERTIFY, That I attended deceased from Jan 8 1908 to Jan 26 1908 that I last saw her alive on Jan 25. 1908 and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate) Pneumonia Right Lung

(DURATION) 4 DAYS

Contributory (Primary) Cardiac Asthma

(DURATION) 6 mos.

(Signed) J. W. Wilson M.D.

Address 1733 Holland St

Date Jan 26th 1908

Place of Burial London Park

Date Jan 28 1908

Undertaker Crowley Bros

Address 257 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 8961 Registered No. B

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1607 W. Balto. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas. Edward Maloney

{ Residence, if in Baltimore, Give Street and Number. } 1607. W. Balto.

Duration of Residence in Baltimore. Life

C 8961

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Nov 30 1882

AGE 26 years, 1 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Thos E Maloney

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Annie J Banehan

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED Wood Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Thos E Maloney

(Address 1607 W. Baltimore st

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan – 25 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20 to Jan 25 1908

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

Sudden

(DURATION) DAYS

Con'ributory (Primary.) Organic Heart Disease

(DURATION) DAYS

(Signed) G. Frank Jones M.D.
Coroner Sub

Address

Date Jan – 25th 1908

Place of Burial New Cathedral cem

Date Wensday Jan 29th 1908

Undertaker Robb & Brookeson

Address 17 S. Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8962 C 8962

Ward ..... Registered No. B .....

120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Morse N. Balcombe

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. ..... C 8962

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 79 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid	
BIRTHPLACE (State or country): N. Y.	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): " "	
MAIDEN NAME OF MOTHER: " "	
BIRTHPLACE OF MOTHER (State or country): " "	
OCCUPATION OF DECEASED: Salesman	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooke

(Address) 17 S. Calhoun St

Filed 1/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 23 1908

I HEREBY CERTIFY, That I attended deceased from Oct 7 1907 to Jan 23 1908 that I last saw h[illegible] alive on Jan. 23 1908 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) ... DAYS

Contributory (Primary.) Nephritis

(DURATION) ... DAYS

(Signed) Robt. T. Bay M.D.

Address Bay View

Date Jan. 24 1908

Place of Burial Druid Ridge Cem

Date 1-28 1908

Undertaker Robt Brooke & Co

Address 17 S. Calhoun St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8963 Registered No. B C 8963

CERTIFICATE OF DEATH.

15-1

(Place of Death.) No. 2611 Boone St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant Lewis

{Residence, if in Baltimore, Give Street and Number.} 2611 Boone St
Son of Mr & Mrs Jas Edw. Lewis

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Negro

DATE OF BIRTH: January 25th 1908

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Edw. Lewis

BIRTHPLACE OF FATHER (State or country): Middlesex Co, Va

MAIDEN NAME OF MOTHER: Lina Royston

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas E. Lewis

(Address) 2611 Boone St.

Filed 1/28 1908 HARRY C. ANDR... PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26 1908

I HEREBY CERTIFY, That I attended deceased from Jan 25 1908 to Jan 26 1908

that I last saw him alive on Jan 26 1908

and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth. 6 mos.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Maurice Lazenby M.D.

Address 221 W. North Ave

Date January 27 1908

Place of Burial Laurel Cemetery

Date January 28th 1908

Undertaker Felix E. Rye.

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 25 C 8964 Registered No. B C 8964

CERTIFICATE OF DEATH.

(Place of Death.) No. 1003 Briscoe St (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Theresa A. Herbert

{Residence, if in Baltimore, Give Street and Number.} 1003 Briscoe St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1

AGE: 13 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John L. Herbert

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Theresa Lebeser.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Herbert.

(Address) 1003 Briscoe St.

Filed 1/28 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1908

I HEREBY CERTIFY, That I attended deceased from June 1907 to Jan 25 1908

that I last saw h alive on Jan 23 1908

and that death occurred, on the date stated above, at 7 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary) Diabetes Mellitus

(DURATION) DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date Jan 27 1908

Place of Burial Holy Redeemer

Date Jan 29 1908

Undertaker Lowbook

Address 502 E. North Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — C 8965 — Registered No. B C 8965

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1507 E. Monument St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Wyman

{Residence, if in Baltimore, Give Street and Number.} 1507 E Monument

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1

AGE: 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E Wyman

(Address) 1507 E Monument

Filed 1/28 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26 - 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 15 - 1908 to Jan. 26 - 1908 that I last saw h[illegible] alive on Jan. 24 - 1908, and that death occurred, on the date stated above, at 4.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Aortic heart disease

About 3 Mos. (DURATION) DAYS

Contributory (Primary.) — (DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Carolina Av.

Date Jan. 27 - 1908.

Place of Burial Balto Cemetery

Date Jan 29 1908

Undertaker Wm Cook

Address 902 E North Av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 8966 Registered No. B

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 663 Gorsuch Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hamilton D. Brown.

{Residence, if in Baltimore, Give Street and Number.} 663 Gorsuch Ave.

Duration of Residence in Baltimore. 15 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: 1

AGE: 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Elkton Md

FULL NAME OF FATHER: T. Bond Brown.

BIRTHPLACE OF FATHER (State or country): Cecil Co Md.

MAIDEN NAME OF MOTHER: Mary A. Smith.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Physician.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma K. Brown

(Address) 663 Gorsuch Ave

Filed 1/28" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany. 26th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 14 1908 to Jan 26 1908 that I last saw h— in alive on Jan 26 1908, and that death occurred, on the date stated above, at 5.30

11. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

((DURATION) 3 DAYS

Con'tributory (Primary) Lobar Pneumonia

(DURATION) 6 DAYS

(Signed) John J. Keelan M.D.

Address 1928 Gorsuch Ave

Date Jan. 27 1908

Place of Burial Loudon Park.

Date Jan 29 1908

Undertaker Woodcock & Hartman

Address 1005 E Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8967 Registered No. B C 8967

CERTIFICATE OF DEATH. 126

(Place of Death.) No. 519 Penn City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Clarke

{Residence, if in Baltimore, Give Street and Number.} above 510 N. Pine St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Clark

(Address) 32 Pine St.

Filed 1/28 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25-08, 1908

I HEREBY CERTIFY, That I attended deceased from As Above 190 ... to 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia, due to disease of Scrotum, Scrimmus Abladder

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) J. D. Elliott M.D.

Address 711 W. Lombard

Date 1/25 1908

Place of Burial Laurel

Date Jan 28 1908

Undertaker R. A. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 8968 Registered No. B C 8968

164

CERTIFICATE OF DEATH.

(Place of Death.) No. 1705 N Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia Myers

{Residence, if in Baltimore, Give Street and Number.} 1705 N Spring St

Duration of Residence in Baltimore. Life ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 82 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Frederick Miles

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Maranda Foundit

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sanna Bandes

(Address) 1705 N. Spring St

Filed 1/28 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 25 1908

I HEREBY CERTIFY, That I attended deceased from Jan 24 1908 to Jan 25 1908, that I last saw he alive on Jan 25 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Accident falling down stairway. Fracture of Skull. (acc) (DURATION) 1 DAYS

Contributory (Primary) Infirmities of age & Blindness (DURATION) 10 yrs DAYS

(Signed) R.P. Canman M.D.

Address 1701 N Carolina

Date Jan 25 1908

Place of Burial Laurel Cem

Date Jan 28 1908

Undertaker R.A. Elliott

Address 506 Rogers St

WM. J. C. DULANY CO., BALTIMORE.

OK. L Carrillos Boone Jan. 27/08

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 68969 Registered No. B 8767

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 506 N. Duncan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carrie Louisa Somerville.

{ Residence, if in Baltimore, Give Street and Number. } # 506 N. Duncan St.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —

AGE: 2 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Baker Somerville

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sholletta Harris

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie E Jones

(Address) 506 Pennsylvania Ave

Filed 1/28 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26th 1908

I HEREBY CERTIFY, That I attended deceased from January 22 1908 to January 26th 1908

that I last saw h[illegible] alive on January 26 1908,

and that death occurred, on the date stated above, at 4.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

(DURATION) 3 DAYS

Contributory (Primary) Respiratory failure (DURATION) 1 DAYS

(Signed) John Davis. M.D.

Address 2102 Orleans st.

Date January 25th 1908

Place of Burial Laurel

Date January 28 1905

Undertaker R. T. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 8970 Registered No. B C 8970

CERTIFICATE OF DEATH.

(Place of Death.) No. 1169 Low St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Wheeler

{Residence, if in Baltimore, Give Street and Number.} 1169 Low

Duration of Residence in Baltimore. 9.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 84 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/28 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1908

I HEREBY CERTIFY, That I attended deceased from —— 190 to —— 190

that I last saw h alive on —— 190

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cr. Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred'k Camalier M.D.

Address 1200 N Eutaw

Date Jan 26 1908 190

Place of Burial Mt Zion

Date Jan 29 1908

Undertaker R. A. Elliott

Address 516 Pinguis St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] C [illegible] Registered No. B C [illegible]

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1314 Myrtle ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Sarah Swayne

{Residence, if in Baltimore, Give Street and Number.} 1314 Myrtle ave

Duration of Residence in Baltimore. 40 years C8771

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH not Known 1

AGE 81 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Delaware

FULL NAME OF FATHER Caleb Swayne

BIRTHPLACE OF FATHER (State or country) not Known

MAIDEN NAME OF MOTHER Anna Travilla

BIRTHPLACE OF MOTHER (State or country) not Known

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose N. Bowers

(Address) Balto. Md.

Filed 1/28 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27/ 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to Jan 27 1908 that I last saw her alive on Jan 27 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Interstitial Nephritis (DURATION) 2 years

(Signed) John S Heck M.D.

Address 647 W Lafayette ave

Date Jan 27 1908

Place of Burial Mt Olivet Cemetery

Date January 29" 1908

Undertaker Stewart Movers Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

Dr Heck Lafayette ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 8972 C 8972

Ward 10 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1704 Dillman Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Anderson

{Residence, if in Baltimore, Give Street and Number.} 1704 Dillman Court

Duration of Residence in Baltimore. Life C8972

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	Colored
DATE OF BIRTH	June 27 1906
AGE	2 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Minor
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Willi Fund
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Mary Brano
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ann Anderson

(Address) 1704 Dillman Court

Filed 1/28 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 6 DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Silas Bascomb M.D.

Address 700 Log. Av. (County)

Date Jan. 27th 1908

Place of Burial Mt Auburn

Date Jan 28 1907

Undertaker R L Parham & Co

Address 1218 Pansh st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8973 Registered No. B C 8973

CERTIFICATE OF DEATH.

(Place of Death.) No. 227 E. North Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theodrick B. Hall

{Residence, if in Baltimore, Give Street and Number.} 227 E. North Ave.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug. 20, 1838
AGE	69 years, 6 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Baltimore, Md.
FULL NAME OF FATHER	Robert Hall
BIRTHPLACE OF FATHER (State or country)	Baltimore, Md.
MAIDEN NAME OF MOTHER	Sarah C. Campbell
BIRTHPLACE OF MOTHER (State or country)	Baltimore, Md.
OCCUPATION OF DECEASED	Detective

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. B. Hall

(Address) 227 E. North Ave.

Filed 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15th 1908 to Jan 25th 1908

that I last saw h[illegible] alive on Jan 25th 1908,

and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

Heart failure

(DURATION) 10 DAYS

Contributory (Primary.) Grip

(DURATION) 3 DAYS

(Signed) Cecil E. Stewart M.D.

Address 122 W. 23rd St.

Date Jan 27th 1908

Place of Burial London Park Cemetery

Date Jan 28, 1908

Undertaker Henry W Means, Jr

Address 17 West North Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 8974 Registered No. B C 8974

CERTIFICATE OF DEATH.

93

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Geraghan

{ Residence, if in Baltimore, Give Street and Number. } St. Joseph's Hospital

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 85 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: " "

BIRTHPLACE (State or country): " "

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: " "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brukeran

(Address) 17 S calhoun st

Filed 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 27 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 20 1908 to Jan. 27 1908 that I last saw h Er alive on Jan. 26 1908, and that death occurred, on the date stated above, at 4 30 a m. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs.

(DURATION) DAYS

Contributory (Primary.) Labor

pneumonia (DURATION) DAYS

(Signed) Wm Schmitz M.D.

Address St. Joseph's Hospital

Date Jan 27 1908

Place of Burial Cathedral cem

Date 30th 1908

Undertaker Robt. Brukeran

Address 17 S. Calhoun st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 8975 Registered No. B C 8975

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 231 Pearl St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriett Hawkins

{Residence, if in Baltimore, Give Street and Number.} 231 Pearl Street

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER W M Brown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Brooks

(Address) 231 Pearl St

Filed

190

HARRY O. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Jan 25 1908

that I last saw h alive on Jan 25 1908,

and that death occurred, on the date stated above, at 11.30 M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 15 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 15 DAYS

(Signed) C. F. Owen M.D.

Address 1125 Druid Pl

Date Jan 27th 1908

Place of Burial Mt Auburn

Date Jan 28th 1908

Undertaker W. J. Brown & Son

Address 25 N. Montgomery St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

91

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 8976

City of Baltimore, (No. 1148 N Calhoun St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Duncan

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH ..... 1 ..... (Month) (Day) Year)

AGE 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Columbus Duncan

BIRTHPLACE OF FATHER (State or country) Not Given

MAIDEN NAME OF MOTHER Lucy Larkins

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Drayman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Duncan

(Address) 1148 Calhoun St

Filed 1/28 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 25 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 1906 to January 25 1908

that I last saw him alive on January 10 1907,

and that death occurred, on the date stated above, at 4 a m. The CAUSE OF DEATH was as follows:

Phthisis in an
followed by Chronic
Bronchitis with
Hemorrhage from Lung (DURATION) 2 Days

Contributory Cerebral Embolism (DURATION) 2 DAYS

(Signed) Geo Davis M. D.

Jan 26 1908 (Address) 920 N Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Jan 28 1908
UNDERTAKER	ADDRESS
G. F. Bromo's Sons	108 W Mulberry

WM. J. C. DULANY CO., BALTIMORE

Ward 1 4th

Registered No. B C 8977

C 8977

CERTIFICATE OF DEATH.

(Place of Death.) No. 2214 Cambridge St St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothy Houseman

{Residence, if in Baltimore, Give Street and Number.} 2214 Cambridge St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1905

AGE: 3 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Geo H. Houseman

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Mary Philips

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rozell

(Address) 2214 Cambridge St

Filed 1/28 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 27th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 23 1908 to Jan. 27 1908

that I last saw h— alive on " 26 1908

and that death occurred, on the date stated above, at 12 20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchio-Pneumonia

2

(DURATION) DAYS

Con'tributory (Primary) Convulsions

(DURATION) DAYS

(Signed) Charles A Kerr M.D.

Address 619 S Pat Parkway

Date Jan 28 1908

Place of Burial St Alphonsis Cem

Date Jan 29th 1908

Undertaker St Nicolaus & Son

Address 1820 Banton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 8978 Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Holt

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid.

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/28 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 26th. 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1907 to Jan. 26 1908

that I last saw h.. alive on Jan. 26 1908

and that death occurred, on the date stated above, at 2 42 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis — (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Jan. 26. 1908

Place of Burial Trinity Cem.

Date Jan. 28th 1908

Undertaker Kendell Lipscomb & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 8979 Registered No. B

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 206 S. Payson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Meyer

{Residence, if in Baltimore, Give Street and Number.} @ 206 S. Payson

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 18 1828

AGE 79 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER [illegible]

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER [illegible] Bodending

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) [illegible]

(Address) 206 S Payson Av

Filed 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 26, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1908 to Jan 23, 1908 that I last saw h[illegible] alive on Jan 23 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

— (DURATION) — DAYS

Contributory (Primary.) old age

(DURATION) DAYS

(Signed) E. A. Dickey M.D.

Address 14 N. Monroe St.

Date Jan. 27, '08, 190

Place of Burial Bald Friday

Date Jan 28 1908

Undertaker Robt J Turner

Address 1412 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 8980 Registered No. B

CERTIFICATE OF DEATH.

79

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas H. Kane

{Residence, if in Baltimore, Give Street and Number.} 6 N Glover Sq.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 20 1892

AGE 15 years, 7 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Chas H Kane

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Elizabeth Fenn

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H Kane

(Address) 6 N Glover

Filed 1/28 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26 1908

I HEREBY CERTIFY, That I attended deceased from Dec 31 1907 to Jan 26 1908

that I last saw him alive on Jan 26 1908

and that death occurred, on the date stated above, at 8 15 P. M., CAUSE OF DEATH (Secondary or Immediate.)

Mitral insufficiency and stenosis: a

OB 14 42

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) P. S. Clough M.D.

Address Johns Hopkins Hosp.

Date January 26 1908

Place of Burial Holy Cross

Date Jany 29 1908

Undertaker Robt J Turner

Address 1422 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8981 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 908 Stone alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Barnes

{Residence, if in Baltimore, Give Street and Number.} 908 Stone alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: 1

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gammon

(Address) 908 Stone al

Filed 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 27 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 23 1908 to Jan. 26 1908 that I last saw h alive on Jan 26 1908, and that death occurred, on the date stated above, at 5.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Lack of care

(DURATION) ..... DAYS

(Signed) M. A. Waters M.D.

Address 1711 Madison av

Date Jan. 27 1908

Place of Burial Mt. Auburn

Date Jan 28 1908

Undertaker R. A. Elliott

Address 906 Rycus av E

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

66

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8982

Registered No. B

City of Baltimore, (No. 1016, Park Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Blk

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Alfred Garrison Brooks

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Anne Young

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Brown

(Address) 1016 Park Ave

Filed 1/28 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from ~~April~~ Jan. 18 1908 to Jan 26 1908

that I last saw her alive on Jan 20 1908,

and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Intracranial hemorrhage, - L hemiplegia of 4 yrs duration. - Recently (March) extension of paralysis

(DURATION) ..... DAYS

Contributory Oedema of brain, paralysis of respiration (DURATION) — DAYS

(Signed) Alexius McGlannan M. D.

Jan. 26 1908 (Address) 2005 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Sinai

DATE OF BURIAL: Jan 28 1908

UNDERTAKER: R. A. Elliott

ADDRESS: 516 Rogers

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 8983 Registered No. B 91

CERTIFICATE OF DEATH.

(Place of Death.) No. 1383 N Central ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane J Murray

{ Residence, if in Baltimore, Give Street and Number. } 739 N. Bay st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 16th 1822

AGE 85 years, 9 months, 10 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Peter Murray

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Elizabeth Baer

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Kerney

(Address) 739 N. Bay st

Filed 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 26 1908

I HEREBY CERTIFY, That I attended deceased from Jan 22nd 1908 to Jan 26th 1908 that I last saw h alive on Jan 26 1908, and that death occurred, on the date stated above, at 11.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

Cardiac failure

(DURATION) DAYS

Contributory (Primary.) Old age.

(DURATION) DAYS

(Signed) W. Riley M.D.

Address 1639 Broadway

Date January 27 1908

Place of Burial New Cathedral Cemetery

Date January 29th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st.

WM. J. C. DULANY CO., BALTIMORE.

9 A.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16

C8984 Registered No. B

CERTIFICATE OF DEATH.

94

(Place of Death.) No. 1031 Gilson St

Full Name Mary Norfolk St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

{Residence, if in Baltimore, Give Street and Number.} 1031 Gilson St (Gelston court)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —

AGE 57 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Norfork

(Address) 1031 gilson St

Filed 1/28 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1907 to Jan 26 1908

that I last saw h alive on Jan 25 1908

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Pleurisy Purulent

3 mos (DURATION) DAYS

Con'ributory (Primary.) Asthenia

3 wks (DURATION) DAYS

(Signed) W Norwood M.D.

Address Bay & Fayette Sts

Date Jan 26 1908

Place of Burial Laurel

Date Jan 28 1908

Undertaker A. J. Frgeland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the said case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 8985 — Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1109 Sterrett st — C8985 — St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John T. Murray

{Residence, if in Baltimore, Give Street and Number.} 1109 Sterrett st.

Duration of Residence in Baltimore.: Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White.

DATE OF BIRTH: July 12 1886

AGE: 21 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John T. Murray

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Rosie Mulligan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Labeller

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Murray

(Address) 1109 Sterrett st

Filed 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 26th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2 1908 to Jan 26 1908

that I last saw him alive on Jan 24 1908

and that death occurred, on the date stated above, at 4.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) 80 DAYS

Contributory (Primary), Cachexia (DURATION) 6 DAYS

(Signed) E. D. Brengle M.D.

Address 547 South

Date Jan 28 1908

Place of Burial Cathedral Cemetery

Date Jan. 30th 1908

Undertaker James Deignan & Sons

Address 757 W. Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — Registered No. B 8986

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 620 N. Eutaw St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William T. F. Brough

{Residence, if in Baltimore, Give Street and Number.} 620 N. Eutaw St.

Duration of Residence in Baltimore. Life

C 8986

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH Jan. 2nd 1907

AGE 1 years, ... months, 25 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jno. Brough

BIRTHPLACE OF FATHER (State or country) N.Y.

MAIDEN NAME OF MOTHER Lord Betz

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Brough

(Address) 620 N Eutaw St

Filed 1/28 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

Dr. Blades

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1908

I HEREBY CERTIFY, That I attended deceased from Jan 26 1908 to Jan 26 1908

that I last saw him alive on Jan 26 1908

and that death occurred, on the date stated above, at 4 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) Exhaustion

(DURATION) 1 DAYS

(Signed) Geo Blades M.D.

Address 643 N Eutaw St

Date Jan 27 1908

Place of Burial Balto. Cem.

Date Jan. 28th 1908

Undertaker Jno. A. Moran

Address Bank & Aunt Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the name can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 Regist... 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 523. N. Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jane Hagerty

{Residence, if in Baltimore, Give Street and Number.} 523 N. Exeter St

Duration of Residence in Baltimore. 40 Years C8987

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan 25 1858

AGE: 50 years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Boston

FULL NAME OF FATHER: Patrick Morell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Hannah Connelly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Hannah Morell

(Address) 523. N. Exeter St

Filed 1/28 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 26th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to Jan 26th 1908

that I last saw her alive on Jan 23d 1908.

and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Val: Heart Disease

Pneumonia (DURATION) About 4 DAYS

(Signed) Rud. Reynolds M.D.

Address 809 N. Charles St

Date Jany 27th 1908

Place of Burial St Vincents Cemetery

Date Jan 29th 1908

Undertaker John B. Spence

Address 4325 N Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B 8988

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 31 E Montgomery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marcus C Hammond

{Residence, if in Baltimore, Give Street and Number.} 31 E Montgomery St

Duration of Residence in Baltimore. Life C8988

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 29 1834

AGE: 74 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Geo Hammond

BIRTHPLACE OF FATHER (State or country): Wales Va

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Carriage Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Carriage Painter

(Address) 31 E Montgomery

Filed 1/28 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 26th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 22d 1908 to Jan 26 1908

that I last saw him alive on Jan 26 1908

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Mortal Insufficiency

(DURATION) 4 DAYS

Contributory (Primary) Senile debility

(DURATION) DAYS

(Signed) Wm Hammond Jno L. M.D.

Address 731 Light St

Date Jan 28 1908

Place of Burial LOUDON PARK.

Date JAN 29 1908

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

112

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8989

Registered No. B .....

City of Baltimore, (No. 140, Dolphin St.; 11 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Johanna C. Vaccari

PERSONAL AND STATISTICAL PARTICULARS

SEX Female ~~Male~~ | COLOR White

DATE OF BIRTH Jan 29 (Month) (Day) 1869 (Year)

AGE 44 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) N Y

FULL NAME OF FATHER Lavid Toney

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine Toney

(Address) Saratoga Springs N Y

Filed 1/28 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1 (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1907 to Jan 27 1908

that I last saw h alive on Jan 27 1908,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Hepatic Cirrhosis

(DURATION) 6 Months

Contributory extension of flame to chest cavity (DURATION) 14 DAYS

(Signed) Albert F. Corner M. D.

Jan 28 1908 (Address) 1412 Mt Royal

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Saratoga Springs N Y	Jan 29 1908
UNDERTAKER	ADDRESS
A F Phillips	1711 Madison

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — Registered No. B [illegible] 53

CERTIFICATE OF DEATH.

(Place of Death.) No. 237 N. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Schmuff.

{Residence, if in Baltimore, Give Street and Number.} 237 N. Milton Ave

Duration of Residence in Baltimore. 55 C8990

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 12 1836
AGE	71 years, 9 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Schmuff.

(Address) 237 N. Milton Ave

Filed 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 18 1908 to Jan 27 1908 that I last saw h[illegible] alive on 1 26 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Bright's Disease & Hodgkin's Disease (DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Milton Ave

Date Jan. 28 1908

Place of Burial Mt. Carmel Cemetery

Date January 31 1908

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 8991 Registered No. B

45

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel H Ballard

{Residence, if in Baltimore, Give Street and Number.} 114 N Mulberry St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Prince Ann Co Md

FULL NAME OF FATHER Arnold Ballard

BIRTHPLACE OF FATHER (State or country) Prince Anne Co Md

MAIDEN NAME OF MOTHER Sallie Ballard

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ruth V Ballard

(Address) 114 N Mulberry St

Filed 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 27, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 16 1908 to Jan 27 1908

that I last saw h living alive on Jan 27 1908,

and that death occurred, on the date stated above, at 4:15 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis

(DURATION) 2 DAYS

Contributory (Primary.) Carcinoma Bladder (DURATION) One year DAYS

(Signed) W. W. Brown M.D.

Address Md. General Hosp.

Date Jan 27 1908

Place of Burial New Cathedral

Date 1/29 1908

Undertaker Wm J Schilling

Address 911 Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8992 Registered No. B C 8992

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Dorothy Mildred May

{ Residence, if in Baltimore, Give Street and Number. } 1712 Greenmount Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 18 1907

AGE: — years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: W. L. May

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary E. Schultz

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. L. May

(Address) 1712 Greenmount ave

Filed 1/28 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 27 1908

I HEREBY CERTIFY, That I attended deceased from Dec 23 1907 to June 27 1908

that I last saw her alive on June 27 1908

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 3 DAYS

(Signed) H. J. Walton M.D.

Address 1981 Park Ave

Date June 27 1908

Place of Burial London Park Cem.

Date Jan 28 1908

Undertaker Hubert Junkler

Address 1739 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C 8993 Registered No. B C 8993

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1635 Shakespear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Teofil Zborzynski

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Dezember 26 1907

AGE: ..... years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jacob Zborzynski

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Mary Bialek

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Zborzynski

(Address) 1635 Shakespear st.

Filed 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27 1908

I HEREBY CERTIFY, That I attended deceased from January 24 1908 to January 24 1908 that I last saw him alive on January 24 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Debility (DURATION) 30 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 4 DAYS

(Signed) J. Szmurlo M.D.

Address 722 S. Ann st

Date January 28th 1908

Place of Burial Holy Rosary

Date Tuesday Jany 28 1908

Undertaker W. F. Dabrowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 8994 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 449 E Monument St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Smith.

{Residence, if in Baltimore, Give Street and Number.} 449 Monument St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ~~Jan 26~~ 1908

AGE 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Calvert Co Md

FULL NAME OF FATHER Henson Smith

BIRTHPLACE OF FATHER (State or country) Calvert Co Md

MAIDEN NAME OF MOTHER Rachell Meade

BIRTHPLACE OF MOTHER (State or country) Calvert Co Md

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Williams Meade

(Address) 447 Little Mount St

Filed 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 25 1908 that I last saw him alive on Jan 25 1908, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) 25 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 25 DAYS

(Signed) D A Foreman M.D.

Address 716 S Broadway

Date Jan 27 1908

Place of Burial Bars Richard Calvert Co Md

Date Jan 29 1908

Undertaker Wm H Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 8995 Registered No. B C 8995

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 2415 Hudson Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Collins Atkins

{Residence, if in Baltimore, Give Street and Number.} 2415 Hudson Place

Duration of Residence in Baltimore. 18 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored.

DATE OF BIRTH 1

AGE 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER J. Atkins

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Mary Stinfield

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Atkins

(Address) 2415 Hudson Place

Filed 1/28 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Janry 27 1908

I HEREBY CERTIFY, That I attended deceased from Janry 15 1908 to Janry 27 1908

that I last saw h[illegible] alive on Jan 21 1908

and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Jordan's Poisoning

(DURATION) 12 DAYS

Con'tributory (Primary.) Acute Pneumonitis (Lobar

(DURATION) 12 DAYS

(Signed) Hampton Bayley M.D.

Address 1124 Eee

Date Janry 28 1908

Place of Burial Laurel Cemetery

Date January 29th 1908

Undertaker Felix B Pye.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, that whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 8996 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 219 Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Johnson

{ Residence, if in Baltimore, Give Street and Number. } 219 Dolphin St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored.

DATE OF BIRTH: 1

AGE: 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emily Johnson.

Address 219 Dolphin St.

Date 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 27, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1908 to Jan. 27, 1908.

that I last saw h— alive on Jan. 24, 1908.

and that death occurred, on the date stated above, at 6.20

M. CAUSE OF DEATH (Secondary or Immediate)

Dracunculus (DURATION) 7 DAYS

Contributory (Primary) Influenza (DURATION) 3 weeks

(Signed) H. Van Wagenen, M.D.

Address 922 Hilldrop Ave.

Date Jan. 27, 1908.

Place of Burial Laurel Cemetery

Date January 29th 1908

Undertaker Felix Pye.

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 8997 Registered No. B C 8997

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1939 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Phuntha

{Residence, if in Baltimore, Give Street and Number.} 1939 Druid Hill Ave.

Duration of Residence in Baltimore. All her known

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH 1

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) St Marys Co Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Phuntha

(Address) 1939 Druid Hill Ave.

Filed 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 27 1908

I HEREBY CERTIFY, That I attended deceased from Oct 9. 1907 to Jan 27 1908 that I last saw her alive on Jan 27 1907 and that death occurred, on the date stated above, at 1.35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1323 N. Carey St.

Date Jan. 27, 1908.

Place of Burial Cathedral Cemetery

Date January 30 1908

Undertaker Felix B. Kye.

Address 102 E. Fulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 8998

City of Baltimore, (No. 2015 Eutaw Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H. Farlow

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 30 (Day) 1868 (Year)

AGE: 39 years, 7 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John F. Farlow

BIRTHPLACE OF FATHER (State or country): Wilmington Del

MAIDEN NAME OF MOTHER: Sophia A Hancock

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Friedenwald

(Address) 10 B. N. Charles

Filed 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to Jan 27 1908

that I last saw him alive on Jan 27 1908,

and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Pleuro pneumonia

(DURATION) 12 DAYS

Contributory Heart failure ether (DURATION) 1 hour

Pulmonary oedema

(Signed) Julius Friedenwald M. D.

Jan 27 1908 (Address) 10 B. N. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Druid Ridge

DATE OF BURIAL: Jany 29 1908

UNDERTAKER: E. W. Mitchell

ADDRESS: 120 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 8999

Registered No. B

City of Baltimore, (No. 1709 Bolton St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Hamner Thomson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR colored

DATE OF BIRTH Jan. (Month) 19 (Day) 1837 (Year)

AGE 70 years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Frederick Md

FULL NAME OF FATHER Jno. P. Thomson

BIRTHPLACE OF FATHER (State or country) Montgomery New Jersey

MAIDEN NAME OF MOTHER Hamner

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Merchant,

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. A. Gibbs

(Address) 1709 Bolton St

Filed 1/28 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 26 1908 to Jan 26 1908 that I last saw him alive on Jan 26 1908 and that death occurred, on the date stated above, at 4.25 P. M. The CAUSE OF DEATH was as follows:

Acute indigestion

(DURATION) 1 DAYS

Contributory Heart failure immediate

(DURATION) DAYS

(Signed) W. B. Schuman M. D.

Jan 26 1908 (Address) 6 E. Biddle St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Frederick Md.

DATE OF BURIAL Jany. 29 1908

UNDERTAKER E. M. Mitchell

ADDRESS 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 ~~8977~~ Registered No. B 69000

CERTIFICATE OF DEATH. C 9000 11

(Place of Death.) No. 309 Presstman St = St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Spencer R. Nelson

{Residence, if in Baltimore, Give Street and Number.} 309 Presstman St.

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Jany 17 1841

AGE: 66 years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Accomac Co. Va. =

FULL NAME OF FATHER: Spencer Nelson

BIRTHPLACE OF FATHER (State or country): Accomac C Va

MAIDEN NAME OF MOTHER: Ekanah Buck

BIRTHPLACE OF MOTHER (State or country): Va —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O. R. Nelson

(Address) Brooklyn N.J. —

Filed 1/28 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26 1908

I HEREBY CERTIFY, That I attended deceased from Jan 25 1908 to Jany 26 1908

that I last saw him alive on 26 1908,

and that death occurred, on the date stated above, at 6 45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis (Chronic)

2 or 3 yrs (DURATION) DAYS

Contributory (Primary.) Arterio-Sclerosis

(DURATION) DAYS

(Signed) A Pole M.D.

Address 203 S Madison Av

Date Jan 26 1908

Place of Burial Jasper to Accomac Va

Date Jany 28 1908

Undertaker E. W. Mitchell

Address 1201 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, color, age, birthplace, residence, occupation, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Ward ..... C 9001 Registered No. B 34

CERTIFICATE OF DEATH.

(Place of Death.) No. 1643 E Monument St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Julia A. Allen

{ Residence, if in Baltimore, Give Street and Number. } 1643 E Monument St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 28th 1857

AGE: 50 years, 5 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Maryland

FULL NAME OF FATHER: Peter Young

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary A. Edwards

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chester B. Allen

(Address) 1643 E Monument St

Filed 1/28 1908 HARRY G. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26 1908

I HEREBY CERTIFY, That I attended deceased from Nov 18 1907 to Jan 26 1908 that I last saw her alive on Jan 26 1908 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculous Peritonitis

(DURATION) DAYS

Con'ributory (Primary.) Generalized Tuberculosis (DURATION) DAYS

(Signed) E H Richardson M.D.

Address Johns Hopkins Hosp

Date January 27 1908

Place of Burial Baltimore Cemetery

Date January 29th 1908

Undertaker Liston P. Frassell & Son

Address 5702 Gunpost.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 9002

Registered No. B .....

City of Baltimore, (No. 213, S. Bethel St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME ~~Rowanfield~~ Wade Payne Waters

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: black
DATE OF BIRTH: October (Month) 7 (Day) 1907 (Year)	
AGE: (years, 3 months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: /	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: George Henry Waters	
BIRTHPLACE OF FATHER (State or country): Pikesville Md.	
MAIDEN NAME OF MOTHER: Mary Payne	
BIRTHPLACE OF MOTHER (State or country): Virginia.	
OCCUPATION OF DECEASED: /	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Payne

(Address) 213 S. Bethel St

Filed 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 24 1908 to Jan. 26 1908

that I last saw h[illegible] alive on Jan 25 1908;

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Malnutrition

(DURATION) life DAYS

Contributory Bronchopneumonia

(DURATION) 4 DAYS

(Signed) Samuel Aubrey M. D.

Jan. 27, 1908 (Address) 1220 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Asbury Evergreen Cem[illegible]	Jan. 29th 1908
UNDERTAKER: Theodore White	ADDRESS: 1702 Gough st

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 C 9003 Registered No. B C 9003

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 542½ Luzerne Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Antoinette Teague

{Residence, if in Baltimore, Give Street and Number.} 542½ Luzerne Ave

Duration of Residence in Baltimore. 10 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 17 1822

AGE 86 years, months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Cuba

FULL NAME OF FATHER Carlos Bartol

BIRTHPLACE OF FATHER (State or country) Cuba

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Invalid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maria L. Hall

(Address) 542½ Luzerne Ave

Filed 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1908

I HEREBY CERTIFY, That I attended deceased from Jan 22 1908 to Jan 28 1908

that I last saw her alive on Jan 22 1908,

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

General debility

1 year

(DURATION) DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) Geo. T. Thowen M.D.

Address 421 Roland Ave

Date Jan 28th 1908

Place of Burial Mt. Olivet

Date Jan 30 1908

Undertaker J. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 9004 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1812 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Shea.

{Residence, if in Baltimore, Give Street and Number.} 1812 Light St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 4th 1883

AGE 24 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Patrick Flanagan

BIRTHPLACE OF FATHER (State or country) Kings County Ireland

MAIDEN NAME OF MOTHER Alice Flanagan

BIRTHPLACE OF MOTHER (State or country) Dorchester Co Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. E. Flanagan

(Address) 1537 Marshall St

Filed 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 3 1907 to Jan 26 1908 that I last saw h[illegible] alive on Jan 25 1908; and that death occurred, on the date stated above, at 6.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Int. Nephritis.
Cardiac Hypertrophy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M B Burch M.D.

Address 528 N Carrollton Ave

Date Jan 26 1908

Place of Burial Catholic Cem.

Date Jan 29. 1908

Undertaker Daniel and M. G. Flynn

Address 42 East West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 9005 Registered No. B C 9005

45

CERTIFICATE OF DEATH.

(Place of Death.) No. 1011 Russell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Lyons

{ Residence, if in Baltimore, Give Street and Number. } 1011 Russell

Duration of Residence in Baltimore. All his life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	December 14 1851
AGE	56 years, 1 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	John Lyons
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mary Strumbert
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Catherine Lyons

(Address) 1011 Russell St.

Filed 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 26 1908

that I last saw him alive on Jan 26 1908

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Stomach

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Walter A Coy M.D.

Address 542 Fulton Ave

Date Jan 27 1908

Place of Burial Western Cem

Date Jan 29. 1908

Undertaker Daniel and M.J. Flynn

Address 42. E. West Street

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C 9006 Registered No. B C 9006

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1523 E. Clement St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Ann Kane

{Residence, if in Baltimore, Give Street and Number.} 1523 E. Clement St.

Duration of Residence in Baltimore. 53 years C 9006

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	18 Aug 1843.
AGE	65 years, 7 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Michael ~~Kelly~~ Flynn
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary ~~Gillespie~~ Flynn
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James J. Kane

(Address) 1517 Bergen St

Filed 1/28 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 26 Jan 1908

I HEREBY CERTIFY, That I attended deceased from 26 Jan 1908 to 26 Jan 1908

that I last saw her alive on 26 Jan 1908

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James Coppe M.D.

Address 1822 Hull St.

Date 27 Jan 1908

Place of Burial Cathedral Cem.

Date Jan 29. 1908

Undertaker Daniel and M. J. Flynn

Address 42 E. West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 9007 Registered No. B C 9007

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1006 Chesapeake St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas J. Magee

{ Residence, if in Baltimore, Give Street and Number. } 1006 Chesapeake St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W

DATE OF BIRTH Sept. 14th 1870

AGE 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Simon J. Magee

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget A. Larkin

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Miss Magee

(Address) 1006 Chesapeake St.

Filed 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 26 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 22 1908 to Jan 26 1908 that I last saw h.. alive on Jan. 26 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 7 DAYS

Contributory (Primary) Influenza (DURATION) — DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caton Ave

Date Jan. 28 1908

Place of Burial Holly Creek

Date Jan 29 1908

Undertaker John A. Morar

Address Bank & Ann

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B C 9008

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 240 S. Washington St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Gordon

{ Residence, if in Baltimore, Give Street and Number. } 240 S. Washington St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Apr. 8 1846

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Penn

FULL NAME OF FATHER Wm. Mahoney

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Albert Gordon

(Address) 240 S. Washington St

Filed 1/28 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 26 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1908 to Jan 26 1908 that I last saw h[illegible] alive on Jan 25 1908 and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

15 days (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) 8 DAYS

(Signed) Geo Allen M.D.

Address 1937 Gough

Date Jan 27 1908

Place of Burial St. Patricks

Date Jan. 29th 1908

Undertaker Jno. A. Moran

Address 6 Ann

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 9009 Registered No. B C 9009

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alfred E. Carroll

{Residence, if in Baltimore, Give Street and Number.} 433 Oxford ave

Duration of Residence in Baltimore. 10

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 13 1878

AGE: 4 years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Alfred E Carroll

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Ella Hennesey

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred E. Carroll Sr.

(Address) 433 Oxford Ave.

Filed 1/28" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 28 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 26 1908 to Jan. 28 1908

that I last saw h alive on Jan 28 1908,

and that death occurred, on the date stated above, at 5.15 a M. CAUSE OF DEATH (Secondary or Immediate)

asphyxia and exhaustion

(DURATION) DAYS

Contributory (Primary.) Infection from old gunshot wound

Tetanus (DURATION) 7 DAYS

(Signed) John F. Moore M.D.

Address St Josephs Hosp.

Date Jan. 28 1908

Place of Burial Balto Cem

Date Jan 30 1908

Undertaker William Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

over

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 9010 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2301 North Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Reuben Carll Foster

{Residence, if in Baltimore, Give Street and Number.} 2106 N. Charles street

Duration of Residence in Baltimore. since birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 10th 1875

AGE 32 years, -6- months, -17- days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore City Md

FULL NAME OF FATHER Reuben Foster

BIRTHPLACE OF FATHER (State or country) New Jersey

MAIDEN NAME OF MOTHER Sarah L. Hand

BIRTHPLACE OF MOTHER (State or country) New Jersey

OCCUPATION OF DECEASED Attorney-at-Law

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Edmunds Foster

(Address) 236 22nd st, Balto.

Filed 1/28 1908 HARRY O? ANDREWS? PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 17 1907 to Jan 27th 1908

that I last saw him alive on Jan 27th 1908,

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Rupture of Sub-Phrenic abscess

about (DURATION) 10 DAYS

Contributory (Primary.) Thyphoid fever (DURATION) 37 DAYS

(Signed) W Gill Wilcox M.D.

Address 2129 St Paul St.

Date Jan 27th 1908

Place of Burial Druid Ridge Cem

Date February 29th 1908

Undertaker Henry H. Jenkins Sons Co

Address 300 N. Meadison St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward..... C 9011 Registered No. B.....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Vernay

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 48 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Farmer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address .....

Filed 1/28 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 27 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 22 1908 to Jan. 27 1908 that I last saw h.. alive on Jan. 27 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt. L. Bay M.D.

Address Bay View

Date Jan 27 1908

Place of Burial Dykesville Md

Date Jan. 28 1908

Undertaker W. J. Fickner & Sons

Address 426 W Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 9012 Registered No. B C 9012

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1415 Linden Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Angelina Weckart

{Residence, if in Baltimore, Give Street and Number.} Cleveland Apts - 1415 Linden ave

Duration of Residence in Baltimore. About 15 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 31st 1818

AGE: 89 years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Port Deposit Md

FULL NAME OF FATHER: Joseph Gilmore

BIRTHPLACE OF FATHER (State or country): Port Deposit Md.

MAIDEN NAME OF MOTHER: Sarah Elizabeth Irvin

BIRTHPLACE OF MOTHER (State or country): Harford County

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sidney L. Weckart

(Address) 1415 Linden Ave.

Filed 1/28 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27 1908

I HEREBY CERTIFY, That I attended deceased from March 1907 to Jany 27 1908 that I last saw her alive on Jany 26 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senility

Gradually increasing infirmities of old age

one year (DURATION) DAYS

~~Contributory (Primary)~~

(DURATION) DAYS

(Signed) H Warren Buckler M.D.

Address 806 Cathedral St

Date Jany 27 1908

Place of Burial West Nottingham Cem Cecil Co Md

Date January 30th 1908

Undertaker H. W. Jenkins & Son Co

Address 300 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 9013 Registered No. B C 9013

CERTIFICATE OF DEATH.

66

(Place of Death.) No. St Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Dick

{ Residence, if in Baltimore, Give Street and Number. } 610 Abbott Street

Duration of Residence in Baltimore. ~~None~~ 25 years — C 9013

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Frank Benda

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Anna Hail

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vaclav Rich

(Address) 1610 Abbott

Filed 1/28 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1908

I HEREBY CERTIFY, That I attended deceased from Nov 6 1907 to Jan 28 1908 that I last saw h alive on Jan 28 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia and General Exhaustion

2 months (DURATION) DAYS

Contributory (Primary) Paralysis

Date Nov 6-07 (DURATION) DAYS

(Signed) Geo A Fleagle M.D.

Address St Joseph German Hospital

Date Jan 28 1908

Place of Burial Holy Redeemer

Date Jan 30 1908

Undertaker Frank Gracia

Address 1904 Ashland Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 9014 Registered No. B C 9014

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 2023 Pennsylvania Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate A. Lynn

{ Residence, if in Baltimore, Give Street and Number. } 2023 Pennsylvania Ave

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W
DATE OF BIRTH	April 10 1837
AGE	70 years, 9 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	James Edwards
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Susie Bowers
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lynn

(Address) 2023 Penna Ave

Filed 1/28 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Jan 27 1908

I HEREBY CERTIFY, That I attended deceased from Jan 23 1908 to Jan 28 1908

that I last saw h alive on Jan 28 1908

and that death occurred, on the date stated above, at 4-45 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Paralysis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. C. Houck M.D.

Address 1914 Penna Ave

Date Jan 28 1908

Place of Burial Western Cem

Date Jany 30 1908

Undertaker M Fahey & Sons

Address 416 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of***

Ward 12 C 9015 Registered No. B C 9015

CERTIFICATE OF DEATH.

27

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stanley Gibson

{Residence, if in Baltimore, Give Street and Number.} U. S Marine Hospital

Duration of Residence in Baltimore. 44 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Williams

(Address) U. S. Marine Hosp.

Filed 1/29" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 28 1908

I HEREBY CERTIFY, That I attended deceased from December 16 1907 to January 28 1908 that I last saw h— alive on January 28 1908 and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Tubercle of lung

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. L. Williams M.D.

Address U. S. Marine Hospital

Date January 28 1908

Place of Burial Methodist Cemetery

Date January 29 1908

Undertaker Hardy Hughes

Address 175 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 — C 9016 — Registered No. B C 9016

CERTIFICATE OF DEATH.

(Place of Death.) No. 1408 Hanover alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Hastings

{Residence, if in Baltimore, Give Street and Number.} 1408 Hanover alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F — COLOR: W

DATE OF BIRTH: 1857

AGE: 50 years, ... months, ... days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hittare

(Address) 1419 Eastern Ave

Filed 1/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20 1908 to Jan 29 1908

that I last saw her alive on Jan 28 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 16 E Pratt

Date Jan 29 1908

Place of Burial Holy Redeemer

Date Jan. 31st. 1908

Undertaker Mudell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 9017 Registered No. B 9017

CERTIFICATE OF DEATH. 18

(Place of Death.) No. 1710 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helena Olszewska

{Residence, if in Baltimore, Give Street and Number.} 1710 Aliceanna Str

Duration of Residence in Baltimore. 16 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: [illegible] 1

AGE: 39 years, [illegible] months, [illegible] days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Not. Known

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Tomas Olszewski

(Address) 1910 Eastern Ave

Filed 1/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27 1908

I HEREBY CERTIFY, That I attended deceased from Jan 21 1908 to Jan 27 1908

that I last saw her alive on Jan 27 1908

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis,

(DURATION) DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) J. M. Delevett M.D.

Address 623 Columbia Ave

Date Jan 27 1908

Place of Burial Holy Rood

Date January 30 1908

Undertaker Jacob Frankowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes to notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9018 Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. 1309 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Hamilton

{Residence, if in Baltimore, Give Street and Number.} 1309 E. Biddle st

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 6th 1839

AGE 68 years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George C. Hamilton

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Anna Blaney

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Motor Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hamilton

(Address) 1309 E. Biddle

Filed 1/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27 1908

I HEREBY CERTIFY, That I attended deceased from Jany 8th 1908 to Jany 27 1908

that I last saw him alive on Jany 27th 1908

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Enteric Catarrh

(DURATION) 4 Mos DAYS

Contributory (Primary.)

(DURATION) X DAYS

(Signed) H. E. Stoner M.D.

Address 1874 E Eager St

Date Jany 28th 1908

Place of Burial Greenmount Cemetery

Date January 29th 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 9019 Registered No. B C 9019

CERTIFICATE OF DEATH. 97

(Place of Death.) No. 1429 Mulliken St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cordelia Scott

{Residence, if in Baltimore, Give Street and Number.} 1429 Mulliken St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

~~SEX~~ female | COLOR Colored

DATE OF BIRTH May 23 1907

AGE ..... years, 5 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Frederick Scott

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Lena Jolley

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Scott

(Address) 1429 Mulliken St

Filed 1/29 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 27, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 21 1908 to Jan 27 1908 that I last saw h e alive on Jan 27 1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) O. E. Lilly M.D.

Address 1201 Cromwell Ave

Date Jan. 28 1908

Place of Burial Lamb's ✓

Date Jan 29 1908

Undertaker Wm. G. Jackson

Address 1421 Mulliken St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9020 Registered No. B C 9020

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2825 Barnard St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nellie Mars.

{ Residence, if in Baltimore, Give Street and Number. } 2825 Barnard St.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: not distinguishable | COLOR: White

DATE OF BIRTH: Jan 25 1908

AGE: 22 hours. (.....years, ...months, ...days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): 2825 Barnard St.

FULL NAME OF FATHER: John William Mars

BIRTHPLACE OF FATHER (State or country): Carroll Co. Md.

MAIDEN NAME OF MOTHER: Lillie Dirkens

BIRTHPLACE OF MOTHER (State or country): King George Co. Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant).....

(Address).....

Filed 1/29 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1908

I HEREBY CERTIFY, That I attended deceased from Jan 25 1908 to Jan 26 1908 that I last saw it alive on Jan 25 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth
5 mo. Intra-Uterine
(DURATION) DAYS

Contributory (Primary.)
(DURATION) DAYS

(Signed) Reuel G. Stone M.D.

Address 211 W. 25 St.

Date Jan. 27 1908

UNIVERSITY OF MARYLAND

Place of Burial

Date JAN 28 1908 190

Undertaker Commissioner Health.
Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

Please dispose of ... [illegible]

WM. J. C. DULANY CO., BALTIMORE.

323

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9021 Registered No. B C 9021

176

CERTIFICATE OF DEATH.

(Place of Death.) No. West End Maternity Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fannie Pleasant (infant of)

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 3. Days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR (Col)

DATE OF BIRTH 1

AGE 3 Days. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant.

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Fannie Pleasant.

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/29 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 27. 1908.

I HEREBY CERTIFY, That I attended deceased from Jan 24 1908 to Jan 27 1908 that I last saw h[illegible] alive on Jan 27 1908 and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Result of Prolonged Labor

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jos. H. Bramhamp M.D.

Address

Date 190

UNIVERSITY OF MARYLAND.

Place of Burial

Date JAN 28 1908 190

Commissioner Health.

Undertaker Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3 2 5

Ward 10 C 9022 Registered No. B C 9022

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1430 Warners Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eugene Pinan

{Residence, if in Baltimore, Give Street and Number.} 1430 Warners Court

Duration of Residence in Baltimore. Five mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: 1

AGE: about Eighteen yrs ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: Eugene Pinan

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Pinan

(Address) ~~1430~~ 1430 Warners Court

Filed 1/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Log. av. (Canton)

Date Jan. 27th 1908

UNIVERSITY OF MARYLAND.

Place of Burial .....

Date JAN 28 1908 190 .....

Undertaker Commissioner [illegible]
Per. Wm. E. WOODALL.

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9023 Registered No. B C 9023

CERTIFICATE OF DEATH.

50

(Place of Death.) No. 904 N. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franziska E. Ackerman

{Residence, if in Baltimore, Give Street and Number.} 904 No. Central ave.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 7th 1833

AGE 74 years, 6 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Kellner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John N. Ackerman

(Address) 904 N. Central Ave

Filed 1/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Jan 28 1908 that I last saw h[illegible] alive on Jan 28 1908, and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexia Cerebralis

(DURATION) 1 DAYS

Contributory (Primary.) Arteriosclerosis

6 mos.

(DURATION) DAYS

(Signed) M. L. O'Neill M.D.

Address 1202 E. Monument St.

Date Jan 28 1908

Place of Burial Holy Redeemer Cemetery

Date Jan. 31 1908

Undertaker Henry Hoeck Sons

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 9024 Registered No. B C 9024

CERTIFICATE OF DEATH.

95

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Weinbach

{Residence, if in Baltimore, Give Street and Number.} 1218 N. Central Ave

Duration of Residence in Baltimore. 42 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benedict Weinbach

(Address) 1218 N. Central Ave

Filed 1/29 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 28- 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 27 1908 to Jan. 28 1908

that I last saw h alive on Jan. 28 1908,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

24 hrs (DURATION) DAYS

Contributory (Primary.) General arte-
iosclerosis (DURATION) ? DAYS

(Signed) Eugene L. Passano M.D.

Address St Joseph's Hosp.

Date January 29, 1908

Place of Burial Holy Redeemer Cemetery

Date Jan. 30 1908

Undertaker Henry Stoecker Sons

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9025

City of Baltimore, (No 1933 Edmondson St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Elizabeth Gruber

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ~~January~~ ~~1st~~ 13 1861
(Month) (Day) Year)

AGE 46 years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Laurence McGuigan

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Susanna Dorsey

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H Gruber

(Address) 1933 Edmondson Ave

Filed 1/29 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH JAN 28 1908 190
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 24 1907 to JAN 28 1908 190

that I last saw her alive on June 27 1905,

and that death occurred, on the date stated above, at 6:20 A. M. The CAUSE OF DEATH was as follows:

Cardiac Dilatation

Tumor of Uterus (DURATION) DAYS

Contributory Bronchitis

1 Month (DURATION) DAYS

(Signed) Wm L Feltenstein M. D.

JAN 29 1908

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ?

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Aug 29 1908

UNDERTAKER H. Thompson Sons | ADDRESS Carrollton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 9026 Registered No. B C 9026

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2103 Clifton Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James E Yarrell

{ Residence, if in Baltimore, Give Street and Number. } 2103 Clifton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH January 12 1888

AGE 19 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Jas T Yarrell

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Henrietta Gray

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Yarrell

(Address) 2103 Clifton Ave

Filed 1/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1908

I HEREBY CERTIFY, That I attended deceased from Jan 26 1908 to Jan 26 1908 that I last saw h~~im~~ alive on Jan 26 1908, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of the Lungs

(DURATION) 1 year DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E Miles Sheeler M.D.

Address 2129 N Monroe Ave

Date Jan 28 1908

Place of Burial Loudon Park

Date Jan 29 1908

Undertaker H Rudolph & Son

Address Cumberland Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9027 Registered No. B C 9027

104

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie Pinder

{ Residence, if in Baltimore, Give Street and Number. } 820 Sterling St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH 1676

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Harford Co. Maryland.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Laura Hemon

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W Pinder

(Address) 820 Sterling St

Filed 1/29 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 28th 1908

I HEREBY CERTIFY, That I attended deceased from January 17th 1908 to January 28th 1908 that I last saw h[illegible] alive on January 27 1908, and that death occurred, on the date stated above, at 6.45 a m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.) Dynamic Illness.

(DURATION) DAYS

(Signed) Edgar D. Perkins M.D.

Address University Hospital

Date January 28th 1908

Place of Burial Port Deposit Md

Date January 30th 1908

Undertaker Chas. G Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 9028 Registered No. B .....

CERTIFICATE OF DEATH. 104

(Place of Death.) No. 809 W. Calvert St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elise Coulaender

{ Residence, if in Baltimore, Give Street and Number. } 809 W. Calvert St.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: — — 1—

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Paris, France

FULL NAME OF FATHER: Do not know

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Julia Coulaender

(Address) 809 W. Calvert St.

Filed 1/29 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27 1908

I HEREBY CERTIFY, That I attended deceased from January 26 190 8 to January 27 190 8 that I last saw her alive on January 27 190 8, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) 1 DAYS

Contributory (Primary.) Acute Indigestion (DURATION) 1 DAYS

(Signed) Mary Mead Dram M.D.

Address 901 W. Calvert St.

Date January 28 1908

Place of Burial Cathedral Cemetery

Date Jan. 30 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 9029 Registered No. B C 9029

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 425 West Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry G. Fleddermann

{Residence, if in Baltimore, Give Street and Number.} 425 West Saratoga St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. 11, 1839

AGE: 68 years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: John H. Fleddermann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth ——

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Assessor Civil Court

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Allan Fleddermann

(Address) 1700 Madison Ave

Filed 1/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27 1908

I HEREBY CERTIFY, That I attended deceased from Jan 23 1908 to Jan 27 1908 that I last saw h[illegible] alive on Jan 27 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chron. Bright's, Myocarditis

(DURATION) 1 year ~~DAYS~~

Contributory (Primary.) Oedema of Lungs

(DURATION) 1 DAY

(Signed) Julius Friedman M.D.

Address 1013 N Charles

Date January 29 1908

Place of Burial Cathedral Cemetery

Date January 30, 1908

Undertaker Henry O'Means 2nd Son

Address 865 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B C 9030

C 9030

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2958 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ina. A. Freed

{Residence, if in Baltimore, Give Street and Number.} 2958 Cedar Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Nov 20 1903

AGE 4 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Jacob B Freed

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Anna Alvaugh

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B Freed

(Address) 2958 Cedar Ave

Filed 1/29 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to Jan 28 1908 that I last saw h[illegible] alive on Jan 28 1908, and that death occurred, on the date stated above, at 10 45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Phthisis - Tuberculous Peritonitis (DURATION) 2 Weeks DAYS

Contributory (Primary.) Septic poisoning (DURATION) 2 weeks DAYS

(Signed) W. A. Fair M.D.

Address 12 E 25th

Date Jan 29 1908

Place of Burial New Freedom Pa

Date Jan 30 1908

Undertaker A. S. Marshall

Address 3539 Hall. Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 9031 Registered No. B C 9031

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 1554 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Edward Pearl

{Residence, if in Baltimore, Give Street and Number.} 1554 Woodyear St

Duration of Residence in Baltimore. All life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Mal	Colard

DATE OF BIRTH ..... 1 .....

AGE ..... 1 ..... years, ... 10 ..... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James H Pearl

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Ellen Pearl

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Pearl

(Address) 1554 Woodyear St

Filed 1/29 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... Jan. 26 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 20 1908 to Jan 26 1908 that I last saw h— alive on Jan 25 1908 and that death occurred, on the date stated above, at 6.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia Complicated by Meningetes (DURATION) 20 DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) Wm. H. Myer M.D.

Address 1373 N. Carey St.

Date Jan. 26, 1908

Place of Burial Mount Zion

Date January Thurs 29 1908

Undertaker JAMES H. DENNIS

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9032 Registered No. B C 9032

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Cramer

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Holland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Jeweler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 1/29 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 27 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 20 1908 to Jan 27 1908

that I last saw h[illegible] alive on Jan 27 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

..... (DURATION) ..... DAYS

Contributory (Primary.) Pneumonia

..... (DURATION) ..... DAYS

(Signed) W. H. Bay M.D.

Address Bay View

Date Jan. 28 1908

Place of Burial Mt. Carmel Cemetery

Date Jany 29" 1908

Undertaker Chas. H. Evans

Address 118 & 120 E. Mt. St. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 9033 Registered No. B .....

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 903 Light St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Hussey -

{ Residence, if in Baltimore, Give Street and Number. } 903 Light St

Duration of Residence in Baltimore. life C 9033

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 8 1908

AGE ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Geo N Hussey

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Annie L Roberts

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. N. Hussey

(Address) 903 Light St

Filed 1/29 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany. 28 1908

I HEREBY CERTIFY, That I attended deceased from Jany 3 1908 to Jany 28 1908

that I last saw him alive on Jany 28 1908,

and that death occurred, on the date stated above, at 9.30.

M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis -

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. V. Smith M.D.

Address 538 Monroe St

Date Jany. 29- 1908

Place of Burial Cedar Hill

Date Jan 29 1908

Undertaker H. J. Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 9034 C 9034

Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 717 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Yuras

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. life time C 9034

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 15th 1903

AGE: 4 years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Josef Yuras

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Agnes Kurdan

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josef Yuras

(Address) 717 S. Bond St

Filed 1/29 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 28 1908

I HEREBY CERTIFY, That I attended deceased from January 20 1908 to January 28 1909 that I last saw h[illegible] alive on January 28 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronch (DURATION) 10 DAYS

Contributory (Primary.)

Pneumonia (DURATION) 8 DAYS

(Signed) J. J. Emmanuel M.D.

Address 722 S. Ann St

Date January 28 1908

Place of Burial St Stanislaus

Date Thursday Jany 30 1908

Undertaker M. F. Dudewicz

Address 903 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th C 9035 Registered No. B C 9035

CERTIFICATE OF DEATH.

(Place of Death.) No. 916 Ryan Av. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Ellen Foley

{Residence, if in Baltimore, Give Street and Number.} 916 Ryan Av.

Duration of Residence in Baltimore. 17 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr 21 1866

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) West Virginia

FULL NAME OF FATHER Patrick Bohen

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen Bohen

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margt Thornton

(Address) 153 Lemmon St

Filed 1/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Jan 25 1908

that I last saw her alive on Jan 25 1908

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

2 months (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Haemmorrhage (DURATION) 2 hrs

(Signed) Jos E. Timm M.D.

Address 556 Cumberland

Date Jan 27 1908

Place of Burial St Peters Cem

Date Jan. 30th 1908

Undertaker Jno J. Moran

Address 1 Bank Alley

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9036 Registered No. B .....

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Bayview City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ann Mary Kelly

{ Residence, if in Baltimore, Give Street and Number. } 331 South Chester

Duration of Residence in Baltimore. 14 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR W
DATE OF BIRTH July 1870	
AGE 38 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Penn.
FULL NAME OF FATHER	Jas. Dorsey
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	don't know
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. Walsh

(Address) Bank & Chestnut Sts

Filed 1/29 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Jan 26 1908

I HEREBY CERTIFY, That I attended deceased from Jan 25 1908 to Jan 26 1908

that I last saw h e alive on Jan 26 1908,

and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease —

(DURATION) — DAYS

Contributory (Primary.) Cyhan —

(DURATION) — DAYS

(Signed) W W Cohen M.D.

Address Bayview City Hospital

Date Jan 26 1908

Place of Burial Holy Cross Cem

Date Jan 30 1908

Undertaker Geo. A. Moran

Address Bank & Amity

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 9037 Registered No. B 26

CERTIFICATE OF DEATH.

(Place of Death.) No. 2221 Division St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Katie Pendleton

{ Residence, if in Baltimore, Give Street and Number. } 2221 Division St

Duration of Residence in Baltimore. 30 years C 9037

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH 1

AGE 84 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER John Bird

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Katie Bird

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas B Pendleton

(Address) 634 W Lanvale St

Filed 11/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1908

I HEREBY CERTIFY, That I attended deceased from Nov 21 1907 to Jan 28 1908 that I last saw her alive on Jan 27 1908 and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary) Consumption

Phthisis (DURATION) 69 DAYS

(Signed) John Stuck M.D.

Address 647 W Lafayette Ave

Date Jan 28 Essex Co 1908

Place of Burial Pelpalamph Memorial

Date Jan 31 1908 190

Undertaker Clarence E Wright

Address 814 N Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 9038 Registered No. B C 9038

CERTIFICATE OF DEATH. 40

(Place of Death.) No. 151 N Druidsbury pc. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Loehlein

{ Residence, if in Baltimore, Give Street and Number. } 151 N Druidsbury pc.

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 7, 1840

AGE 67 years, 4 months, 7 day

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Zoll ——

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) ——

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Rausch

(Address) 151 N Druidsbury pc.

Filed 1/29 1908. HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 29 1908

I HEREBY CERTIFY, That I attended deceased from Jan 26 1908 to Jan 28 1908 that I last saw h er alive on Jan 28 1908, and that death occurred, on the date stated above, at 6.20 A. M. CAUSE OF DEATH (~~Secondary~~ or Immediate)

E Rheumatism Sec to Carcinoma of liver

(DURATION) 10 DAYS

Contributory (Primary.) Cholera morbus

(DURATION) 1 hr. DAYS

(Signed) Blanche Hamilton M.D.

Address 1605 Fulton Ave

Date Jan 29 1908

Place of Burial Western Cemetery

Date Jan 31. 1908

Undertaker Mrs. Andrew Rohde & Son

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 9039 Registered No. B C 9039

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1218 S Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name abel Ruhl

{Residence, if in Baltimore, Give Street and Number.} 1218 S Paca St

Duration of Residence in Baltimore. 62 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: —— 1 ——

AGE: 88 years, —— months, —— days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kate Rook

(Address) 1218 S Paca St.

Filed 1/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20 1908 to Jan 28 1908 that I last saw h ive alive on Jan 27 1908, and that death occurred, on the date stated above, at 7 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Cronpous Pneumonia

(DURATION) 9 DAYS

Contributory (Primary) Arteriosclerosis

Heart failure (DURATION) 1 DAYS

(Signed) J E Mc Mc M.D.

Address 685 Columbia av

Date Jan 28 1908

Place of Burial London Park.

Date Jan 30 1908

Undertaker Wm Cook

Address 502 E North av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 9040 Registered No. B C 9040

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 1225 Guilford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susannah Hewett Carroll

{ Residence, if in Baltimore, Give Street and Number. } 1225 Guilford Ave.

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 12 1908

AGE: 82 years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Carroll

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Hewitt

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca A. Carroll

(Address) 1225 Guilford Ave.

Filed 1/29 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Jan~~ Jany 28" 1908

I HEREBY CERTIFY, That I attended deceased from Jany 15" 1908 to Jany 28" 1908

that I last saw h[illegible] alive on Jany 27" 1908,

and that death occurred, on the date stated above, at 11:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) DAYS

Con'tributory (Primary) General arterio sclerosis Some years

(DURATION) DAYS

(Signed) W. F. Lachmund

Address 8 E. Eager St

Date Jany 29th 1908

Place of Burial Greenmount Cem

Date Jan 30/08 190

Undertaker Murdock

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9041 Registered No. B C 9041

CERTIFICATE OF DEATH.

(Place of Death.) No. 402 E. Mounment St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William S. Cook.

{Residence, if in Baltimore, Give Street and Number.} 402 E. Mounment St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: Aug. 1 1878

AGE: 29 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: W. Cook

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Emma McMackem

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Gateman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Cook

(Address) 804 Wilkens St

Filed 1/29 1908

HARRY C. ANDREWS. PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 27 1908

I HEREBY CERTIFY, That I attended deceased from Jan 26 1908 to Jan 27 1908 that I last saw him alive on Jan 24 1908, and that death occurred, on the date stated above, at 11.57 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Oedema of Lungs

Myocarditis

(DURATION) 1 DAYS

Contributory (Primary.) Acute catarrhal bronchitis, Bronchopneumonia (DURATION) — DAYS

(Signed) Bernard Wise M.D.

Address 825 E Chase St

Date Jan 28 1908

Place of Burial Cedar Hill Cem.

Date Jan 31/1908 1908

Undertaker W. F. Cook

Address 502 E. Mounment St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 9042 Registered No. B C9042

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1370 N. Fremont Ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosella Mary Brown,

{ Residence, if in Baltimore, Give Street and Number. } 1370 N. Fremont, Ave,

Duration of Residence in Baltimore. Thirty Eight, years,

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jose Crawford

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Rosella Gibson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Robert Brown

(Address) 1370 Fremont st

Filed 1/29 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 28th 1908

I HEREBY CERTIFY, That I attended deceased from June 11 1908 to June 24 1908 that I last saw h-r alive on June 24 1908, and that death occurred, on the date stated above, at 3-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

End Condition,

About 12, Months (DURATION) DAYS

Contributory (Primary) Nephritis,

About Two years (DURATION) DAYS

(Signed) J. Allston Bruce M.D.

Address 1602. Penna. Ave.

Date January 28th 1908

Place of Burial Mt Auburn

Date Jan 31 1908

Undertaker Alex H Grundy

Address 578 W Lexington St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 9043

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

C 9043

Registered No. B.....

City of Baltimore, (No. 1425 Maryland Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha Whittington

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH (Month) (Day) (Year)	1
AGE	61 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widow
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Joshua Davis
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Rebecca Gough
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Whittington

(Address) 1425 Maryland Ave

Filed 1/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 28 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Jan 1908

that I last saw her alive on Jan 26 1908,

and that death occurred, on the date stated above, at 2 p.m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 14 mos

Contributory (DURATION) DAYS

(Signed) D Grant Scott M.D.

Jan 29 1908 (Address) 354 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Boings, Balto. Co. Md	Jan. 31 1908
UNDERTAKER	ADDRESS
Alex. Hensley	578 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V

Registered No. B C 9044

C 9044

CERTIFICATE OF DEATH.

4V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Gray

{Residence, if in Baltimore, Give Street and Number.} 319 Leadenhall St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col.

DATE OF BIRTH: 1

AGE: 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid.

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Nicholas Flamer

BIRTHPLACE OF FATHER (State or country): = = = =

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Launders.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John L Baldem

(Address) 819 Leadenhall St

Filed 1/29 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 27 1908

I HEREBY CERTIFY, That I attended deceased from Aug 28 1908 to Jan. 27 1908

that I last saw her alive on Jan 27 1908

and that death occurred, on the date stated above, at 7.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Carcinoma of Uterus (DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Jan. 27 1908

Place of Burial Laurel cemetery

Date Jan 30 1908

Undertaker John H Jackson

Address 142 W Lillot

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 9045 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 207 W Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Toba Fridman

{Residence, if in Baltimore, Give Street and Number.} 207 W Conway st

Duration of Residence in Baltimore. 90 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 29 1908

AGE 65 years, ... months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER David Fridman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Toba Brawer

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. J. Fridman M.D.

(Address) 918 E Fayette st

Filed 1/30 " 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 29 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Jan 27 1908

that I last saw h.. alive on 1 1 1908,

and that death occurred, on the date stated above, at 2 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of the Stomach

don't know (DURATION) ? DAYS

Contributory (Primary.) asthenia

2 months (DURATION) ... DAYS

(Signed) A. J. Fridman M.D.

Address 918 E Fayette

Date Jan 29. 08 1908

Place of Burial Mt Sinai Cem

Date Jan 30 " 1908

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 9046

Registered No. B .....

City of Baltimore, (No. 709 Lemox (Lemox) St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herman Reitzenstein

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Adolphus

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: D. K.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Reitzenstein

(Address) 709 Lemox St

Filed 1/30" 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 28" 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 5, 1908 to January 29 1908

that I last saw h[illegible] alive on January 29 1908,

and that death occurred, on the date stated above, at 2

A. M. The CAUSE OF DEATH was as follows:

General Debility

Due to old age

2 Months (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) A. F. Brown M.D.

190 (Address) 1611 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Har Sinai Cem

DATE OF BURIAL: Jany 30 1908

UNDERTAKER: Hart Sondheim

ADDRESS: 918 Madison Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C 9047 Registered No. B C 3047

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery o Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia Reynolds

{ Residence, if in Baltimore, Give Street and Number. } Nursery o Childs Hospital

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 10th 1908

AGE: ..... years, ... months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M R. Stone

(Address) No E. H.

Filed 1/30 1908

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 11th 1908 to Jan 29th 1908 that I last saw h alive on Jan 10 1908 and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Ruhrah M.D.

Address 839 N Eutaw St

Date Jan 29th 1908

Place of Burial Loudon Park

Date Jan 30th 1908

Undertaker Geo. G. Smith & Co

Address 1000 & 1002 Fayette st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9048 Registered No. B C 9048

CERTIFICATE OF DEATH.

45

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Christian Horst.

{ Residence, if in Baltimore, Give Street and Number. } 1220 E. Monument St.

Duration of Residence in Baltimore. 58 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: May 14th 1846

AGE: 61 years, 8 months, 14 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Geo[illegible] Horst

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son George Horst

(Address) 1220 E Monument st

Filed 1/30 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28th. 1908.

I HEREBY CERTIFY, That I attended deceased from Jan 26th 1908 to Jan 28th 1908.

that I last saw h[illegible] alive on Jan 28th 1908.

and that death occurred, on the date stated above, at 9 P.M.

M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of glands of neck.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date Jan. 28, 1908

Place of Burial Baltimore Cemetary

Date January 31st at 10 a.m. 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — C 9049 — Registered No. B C 9049

CERTIFICATE OF DEATH.

108

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eleanor J Ritz

{Residence, if in Baltimore, Give Street and Number.} 1427 N Gay St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH Oct 4th 1907

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Charles Ritz

BIRTHPLACE OF FATHER (State or country): Washington D C

MAIDEN NAME OF MOTHER: Mary Miller

BIRTHPLACE OF MOTHER (State or country): Balt Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Ritz

(Address) 1427 N. Gay St

Filed 1/30 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 28 1908

I HEREBY CERTIFY, That I attended deceased from Jan 28 9 P.M. 1908 to Jan 28 11.20 A.M. 1908

that I last saw her alive on Jan 28 1908

and that death occurred, on the date stated above, at 11.20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Intussusception bowel

Operation for bowel

(DURATION) DAYS

Contributory (Primary.) 0

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hosp.

Date January 29 1908

Place of Burial Holy Redeemer Cem

Date Jan 30th 1908

Undertaker A. Fink & Son

Address 910 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 9050 Registered No. B C 9050

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 127 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lennie Polak

{ Residence, if in Baltimore, Give Street and Number. } 127 N. Chapel st

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Joe Tinka

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Bernard

(Address) 127 N. Chapel st

Filed 1/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29 1908

I HEREBY CERTIFY, That I attended deceased from Jan 24 1908 to Jan 29 1908 that I last saw her alive on Jan 28 1908, and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Old age

(DURATION) DAYS

Contributory (Primary.) ~~Senility~~

Old age (DURATION) DAYS

(Signed) H. G. Mytinger M.D.

Address 220 E. Monument St

Date 1/29/ 1908

Place of Burial Holy Redeemer

Date ~~Jan~~ Feb. 1 1908

Undertaker Frank Brack

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9051 Registered No. B 9051

CERTIFICATE OF DEATH.

(Place of Death.) No. 126 Burley St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edw Newman

{Residence, if in Baltimore, Give Street and Number.} 126 N. Burley St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE years, months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Newman

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Newman

(Address) 126 Garland

Filed 1/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29 1908

I HEREBY CERTIFY, That I attended deceased from Jan 29 1908 to Jan 29 1908 that I last saw him alive on " 1908, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Infantile Convulsions

2 hours (DURATION) DAYS

Contributory (Primary) Cardiac Paralysis (DURATION) DAYS

(Signed) Wm J. Rysewyck M.D.

Address 1005 Eohland Ave

Date Jan 29 1908

Place of Burial Oak Hill

Date Jan 30 1908

Undertaker Frank Enoch

Address 1904 Eohland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

97

CERTIFICATE OF DEATH.

Registered No. B C 9052

City of Baltimore, (No. 2206, Mc Elderry St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frances Gaphardt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: July (Month) 31 (Day) 1907 (Year)

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Norman J. Gaphardt

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie Jobrucek

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Norman J. Gaphardt

(Address) 2206 Mc Elderry st.

Filed 1/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 22 1908 to Jan 28 1908 that I last saw h er alive on Jan 28 1908, and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 3 DAYS

Contributory Exhaustion

(DURATION) 1 DAYS

(Signed) Samuel J. Klug M. D.

Jan 29 1908 (Address) 2309 E Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan 30 1908
UNDERTAKER	ADDRESS
Frank Brack	1904 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

C 9053 Registered No. B C 9053

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 620 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosie Weber

{ Residence, if in Baltimore, Give Street and Number. } # 620 S. Ann St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: F'male | COLOR: White

DATE OF BIRTH: 1

AGE: years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Frank Weber.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Josefa Wasyoreska.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josefa Wasyoreska.

(Address) 620. S. Ann St

Filed 1/30 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 29 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 29 1908 to Jan. 29 1908

that I last saw her alive on Jan. 29 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Malnutrition

about two months (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St

Date January 29 1908.

Place of Burial St. Stanislaus.

Date Thursday, Jany 30" 1908

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9054

City of Baltimore, (No. 2322, Druid Hill Av St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jno. W. Brass

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	April 3rd 1862 (Month) (Day) (Year)
AGE	45 years, 9 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Joseph Brass
BIRTHPLACE OF FATHER (State or country)	Not known
MAIDEN NAME OF MOTHER	Hannah Johnson
BIRTHPLACE OF MOTHER (State or country)	Not known
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ella Brass

(Address) 2322 Druid Hill Av

Filed 1/30 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 29th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 28 1908 to January 29 1908

that I last saw h alive on January 29 1908,

and that death occurred, on the date stated above, at 3.30 P.M. The CAUSE OF DEATH was as follows:

Angina pectoris

Complication with Bronchocardia

(DURATION) 24 DAYS

Contributory Exhaustion of old age

heart action (DURATION) 2 hrs DAYS

(Signed) E. E. Speck M. D.

January 29 1908 (Address) 1605 N. Mont Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Jan 31 1908
UNDERTAKER	**ADDRESS**
Mrs Andrew Rohrer Son	730 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9055

City of Baltimore, (No. 1018, Madison Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah A. Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col

DATE OF BIRTH: ..... (Month) ..... (Day) 1855 (Year)

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. A. Fleming

(Address) 1018 Madison Ave

Filed 1/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 28 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to Jan 28 1908 that I last saw her alive on Jan 28 1908, and that death occurred, on the date stated above, at 6 a.m. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 6 DAYS

Contributory Grip

2 weeks (DURATION) 14 DAYS

(Signed) Geo. A. Fleming M. D.

1/28 1908 (Address) 1018 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Jan 31 1908
UNDERTAKER	ADDRESS
John G. Bielz	1107 E Fayette Ave

WM. J. C. DULANY CO., BALTIMORE

Ward 12 C 9056 Registered No. B C 9056

CERTIFICATE OF DEATH.

(Place of Death.) No. 624 Penn Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Brooks

{ Residence, if in Baltimore, Give Street and Number. } 624 Penn Alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: 2 COLOR: C

DATE OF BIRTH: 1

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: W

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/30 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20 1908 to 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Chr Rheumatism

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address

Date Jan 29 1908

Place of Burial UNIVERSITY OF MARYLAND. JAN 29 1908

Date 190

Undertaker Commissioner of Health, Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

31 8

Ward 10 C 9057 Registered No. B C 9057

CERTIFICATE OF DEATH.

56

(Place of Death.) No. Baltimore City Jail St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Fitzgerald

{Residence, if in Baltimore, Give Street and Number.} 857 E North Ave

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/30 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 26th 1908

I HEREBY CERTIFY, That I attended deceased from As Coroner 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 2 30 P.M.

THE CAUSE OF DEATH (Secondary or Immediate) Bright's Disease, due to Constant use of intoxicating liquors (and body to Morgue)

(DURATION) ... DAYS

Contributory (Primary.) .....

(DURATION) ... DAYS

(Signed) J. D. Johnston M.D. Coroner

Address 211 W. Lanvale

Date Jan 26th 1908

Place of Burial UNIVERSITY OF MARYLAND.

Date JAN 29 1908 190...

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address .....

Morgue

WM. J. C. DULANY CO., BALTIMORE. FOR ANATOMICAL PURPOSES.

3 21

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C 9038 Registered No. B C 9038

CERTIFICATE OF DEATH. 93

(Place of Death.) No. Rear of 647 W. Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ella Hubert

{Residence, if in Baltimore, Give Street and Number.} Alone

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Black
DATE OF BIRTH 1	
AGE 43 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Herbert
Rear of 647 Fremont St

Filed 1/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1. 26 1908

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia all by Phys. from Univ. of M. Hosp. (Telephone to be sent by city)

DURATION DAYS

Contributory (Primary)

DURATION DAYS

(Signed) J. D. Hebert Coroner M.D.

Address 711 W. Fayette

Date 1. 28 1908

Place of Burial UNIVERSITY OF MARYLA

Date JAN 29 1908 190

Undertaker Commissioner Health. Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

373

Ward ..... C 9059 Registered No. B C 9059

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Wiggert

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W.

DATE OF BIRTH: 1

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/30 1908 HARRY C. ANDRAE, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 26. 1908

I HEREBY CERTIFY, That I attended deceased from Dec 30. 1907 to Jan 26 1908

that I last saw h[illegible] alive on Jan. 26 1908

and that death occurred, on the date stated above, at 4 9 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt. P. Bay. M.D.

Address Bay View

Date Jan. 26 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 29 1908 1908

Undertaker Geo Thompson

Address 1805 Hope St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3 2 3

Ward ..... C 9060 Registered No. B C 9060

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Watson

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 60 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing.	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Lab.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/30 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 25 1908

I HEREBY CERTIFY, That I attended deceased from Jan 16 1908 to Jan 25 1908 that I last saw him alive on Jan 25 1908 and that death occurred, on the date stated above, at 11.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia - Hemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary.) Erysipelas ?
face ..... (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Jan 26 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 29 1908 190 .....

Undertaker Geo Thompson

Address 1805 Hope St

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

33

Ward 10 C 9061 Registered No. B C 9061

CERTIFICATE OF DEATH.

(Place of Death.) No. 1511 W Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sadie Kernisch

{ Residence, if in Baltimore, Give Street and Number. } 1511 W Baltimore st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Femail | COLOR white

DATE OF BIRTH 1

AGE 1 years, months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Bernard M Kernisch

BIRTHPLACE OF FATHER (State or country) Austraia

MAIDEN NAME OF MOTHER Annie Goldmann

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barney Marcus.

(Address) 1511 W. Balto st.

Filed 1/30 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 30th 1908

I HEREBY CERTIFY, That I attended deceased from Jany 27 1908 to Jan 30 1908 that I last saw h[illegible] alive on Jan 30th 1908, and that death occurred, on the date stated above, at 6:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary) Whooping Cough (DURATION) 11 weeks

(Signed) Jno W Kerrigan M.D.

Address 1327 W Fayette St,

Date Jany 30 1908

Place of Burial Philip Rd Roundale Cemetery

Date Jan. 30, 1908

Undertaker May Simpson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 9062

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

18

CERTIFICATE OF DEATH.

C 9062

Registered No. B .....

City of Baltimore, (No. No 1105 Maryland Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Burn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1835 (Year)

AGE: 73 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Do not know

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1105 Maryland Ave

Filed 1/30 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 23rd 1908 to Jan 28 1908

that I last saw her alive on Jan 27 1908,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Myocarditis;
Acute Dilatation of Heart

(DURATION) 5 DAYS

Contributory Myocarditis

(DURATION) Several Years DAYS

(Signed) C B Gamble M. D.

Jan 28 1908 (Address) 26 So Bradford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Jany 30th 1908

UNDERTAKER: Chas. H. Evans

ADDRESS: 1187-1170 West Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 9063

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9063

City of Baltimore, (No. 707 W Lombard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Vincent Kaveda

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH (Month) (Day) (Year)	Unknown. 1
AGE	about 40 years
	....years, ...months, ...days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Lithuania.
FULL NAME OF FATHER	Unknown.
BIRTHPLACE OF FATHER (State or country)	Lithuania.
MAIDEN NAME OF MOTHER	Unknown.
BIRTHPLACE OF MOTHER (State or country)	Lithuania
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frecian Kolanthi

(Address) 432 S. Parish Pl

Filed 1/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 28 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 26 1908 to January 28 1908, that I last saw him alive on January 28 1908, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Meningitis

(Has been ill 2 days Told from January 1st under D. Chamber (Office))
(DURATION) ....DAYS

Contributory Cerebral Syphilis
Coma (DURATION) 3 DAYS

(Signed) Alfred D. Lindenmuth M. D.

Jan. 29 1908 (Address) The Alleman

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .... How long at Place of Death? .... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 31 1908
UNDERTAKER	ADDRESS
H. S. Funk	2113 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 9064 Registered No. B C 9064

CERTIFICATE OF DEATH.

(Place of Death.) No. 1710 St. Paul St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name E H Jones

{ Residence, if in Baltimore, Give Street and Number. } 1710 St. Paul

Duration of Residence in Baltimore. 27 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Age 25 1833

AGE: 74 years, — months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Edmund Jones

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Smith

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Commission merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E H Gaul Jones

(Address) 1710 St. Paul St

Filed 1/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 29 1908

I HEREBY CERTIFY, That I attended deceased from Dec 29 1907 to Jan 29 1908 that I last saw him alive on Jan 28 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis (Genital)

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Charles O'Donnell M.D.

Address 10 E. Read St

Date Jan 30 1908

Place of Burial Cathedral Cem Bonne Brae,

Date Jan 31 st 1908

Undertaker R. J. Turner

Address 1442 N. Broadway.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9065 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 E. Monument St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel M McCluskey

{Residence, if in Baltimore, Give Street and Number.} 408 E Monument St.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Plasterer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christina McCluskey

(Address) /

Filed 1/30 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 29th 1908

I HEREBY CERTIFY, That I attended deceased from 22nd Jan 1908 to Jany 1908

that I last saw him alive on Jany 22nd 1908,

and that death occurred, on the date stated above, at 2 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) DAYS

Contributory (Primary.) Cerebral hemorrhage

(DURATION) 7 DAYS

(Signed) Chas Reynolds M.D.

Address 809 N Charles St

Date Jany 29th 1908

Place of Burial Balto Cem.

Date Jan 31. 1908

Undertaker Wm Cook

Address 502 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 9066 Registered No. B C 9066

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 155 Newington Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas J. C. Macken

{Residence, if in Baltimore, Give Street and Number.} 155 Newington Place

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas Macken

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Eliza Ann Grimes

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Cornelia Macken

(Address) 155 Newington Place

Filed 190 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 29th 1908

I HEREBY CERTIFY, That I attended deceased from June 1907 to January 29 1908

that I last saw him alive on January 28 1908,

and that death occurred, on the date stated above, at 5

M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Dysentery

(DURATION) 7 months DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) Chas P Davis M.D.

Address ~~Ch~~ 923 N Carrollton av

Date January 29th 1908

Place of Burial Loudon Park Cemetery

Date Feby 1st 1908

Undertaker John Coots

Address 502 E North av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

C 9067

Registered No. B

City of Baltimore, (No. 1536, N. Broadway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant daughter of Edward C. & Florence H. Pritchett

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Male~~ Female

COLOR White

DATE OF BIRTH Jan (Month) 29th (Day) 1908 (Year)

AGE ..... years, ... months, ~~24~~ Hours ~~days~~

SINGLE, ~~MARRIED WIDOWED OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Edward C Pritchett

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Florence H Miller

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward C Pritchett

(Address) 1536 N Broadway

Filed 1/30 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January (Month) 30 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 29 1908 to Jan. 29 1908

that I last saw h... alive on Jan 29 1908,

and that death occurred, on the date stated above, at 2.00 A. M. The CAUSE OF DEATH was as follows:

One of twins born prematurely at 8 mos. Nayl 3 hrs.

lived 2 hours (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Wm J. Watson M. D.

Jan 30 1908 (Address) 1125 St Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan 31st 1908

UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 9068 Registered No. B C 9068

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 903 W. Barre St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name annie Brehm

{Residence, if in Baltimore, Give Street and Number.} 903 W. Barre st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 8 1874

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John Gegner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fallin

(Address) 903 W. Barre st

Filed 1/30 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 29, 1908

I HEREBY CERTIFY, That I attended deceased from May 1, 1906 to January 29 1908 that I last saw her alive on January 28, 1908 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 2 Years

Contributory (Primary.) Laryngitis

(DURATION) 2 Days

(Signed) Albert T. Chambers M.D.

Address 614 D. Pleasant

Date January 29, 1908

Place of Burial Cathedral Cemetery

Date Jan 31 1908

Undertaker James Dignan & Sons

Address 759 W. Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — C 9069 — Registered No. B C 9069

CERTIFICATE OF DEATH. 1901

(Place of Death.) No. 728 S Bond St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hanna Kittman

{ Residence, if in Baltimore, Give Street and Number. } 728 S Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH 1

AGE 21 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Stanislaus Peremski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Peremski

(Address) 1209 Hare St.

Filed 1/30 1901 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30 = 1901

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h ... alive on — 190,

and that death occurred, on the date stated above, at ... M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Comyn M.D.

Address 320 N Bond St

Date ... 190

Place of Burial St. Stanislaus ~~Holy Redeemer~~

Date Feb. 1st 1901

Undertaker Wendell Filbert & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 9070 Registered No. B C 9070

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 1604 Latrobe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pauline Grinnell

{Residence, if in Baltimore, Give Street and Number.} 1604 Latrobe St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John Grinnell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Julia Miller

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Grinnell

(Address) 1604 Latrobe St

Filed 1/30 1908 HARRY G. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 30 1908

I HEREBY CERTIFY, That I attended deceased from Jan 26 1908 to Jan 29 1908 that I last saw her alive on Jan 29 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. H. G. Grinnell M.D.

Address 424 East 23 St

Date Jan. 30 1908

Place of Burial St Peters Cemetery

Date Feb 1st 1908

Undertaker Felix B Pye

Address 182 E. Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 9071 Registered No. B C 9071

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 615 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Evans

{ Residence, if in Baltimore, Give Street and Number. } 615 Pierce St.

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Anticosta L. G

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Evans

(Address) 615 Pierce St

Filed 1/30 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 28 1908 to ——— 190—

that I last saw h in alive on 28th Jan 1908,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy (DURATION) 1 DAY

Contributory (Primary.)

Paralysis (DURATION) 1 DAY

(Signed) Frank W Lemmon M.D.

Address 322 N Gilmor

Date Jan 29th 1908

Place of Burial Laurel Cemetery

Date Jan 30th 1908

Undertaker Felix B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 6 C 9072 Registered No. B C 9072

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1143 Mc Elderry St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Williams

{ Residence, if in Baltimore, Give Street and Number. } 1143 Mc Elderry St

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH March 22, 1857

AGE 48 years, 10 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Delaware.

FULL NAME OF FATHER Not known.

BIRTHPLACE OF FATHER (State or country) Not known.

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) . . .

OCCUPATION OF DECEASED Fulner.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Williams

(Address) 1143 Mc Elderry St

Filed 1/31 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29 1908

I HEREBY CERTIFY, That I attended deceased from Jan 28 1908 to Jan 29 1908

that I last saw h-- alive on Jan 28 1908

and that death occurred, on the date stated above, at 6 p.m.

CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) P. E. Lilly M.D.

Address 707 Cumberland St

Date Jan. 29. 1908

Place of Burial Druid Hill

Date Jan 31 1908

Undertaker R. A. Elliott

Address 706 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C 9073 Registered No. B C 9073

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 714 Penn Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Dixon

{Residence, if in Baltimore, Give Street and Number.} 714 Penn Alley

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm H. Dixon

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ella Bell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Bell

(Address) 714 Penn al

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 26th 1908 to Jan 29 1908 that I last saw him alive on Jan 28 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Lungs (DURATION) 90 DAYS

Contributory (Primary.)

Hemorrhage (DURATION) 1 DAY

(Signed) Frank N Lemmon M.D.

Address 322 N Greene st

Date Jan 29th 1908

Place of Burial Mt Auburn

Date Jan 31 1908

Undertaker R. H. Elliott

Address 706 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 9074 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1134 Druid Hill Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Erline McCoy

{Residence, if in Baltimore, Give Street and Number.} 1134 Druid Hill Ave.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR col

DATE OF BIRTH ..... 1 .....

AGE ..... years, 8 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Edward McCoy

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Lont No

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED non

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward McCoy

(Address) 1134 Druid Hill Ave

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 29 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 17 1908 to Jan. 29 1908

that I last saw h.. alive on Jan. 29 1908,

and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

(DURATION) DAYS

Contributory (Primary) Bronchs-Pneumonia

(DURATION) DAYS

(Signed) W=T. Lear, M.D.

Address 515 Mosher St.

Date Jan 30th 1908

Place of Burial Mt Auburn Cem

Date Jan 31 1908

Undertaker John H Faudon

Address 1042 N Hill St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 Registered No. B

C 9075

CERTIFICATE OF DEATH.

108

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sol Rubinowitz

{ Residence, if in Baltimore, Give Street and Number. } 1401 Ashland Ave.,

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Julius Rubenowitz

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Esther Schear

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Caplan

(Address) 1040 E Lombard st

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30th, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 29 1908 to Jan 30 1908

that I last saw h[illegible] alive on Jan 30 1908,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Obstruction of bowel

(DURATION) DAYS

Contributory (Primary.) Exhaustion

shock (DURATION) DAYS

(Signed) Walter D Stiel M.D.

Address City Hospital, Balt.

Date Jan 30 1908

Place of Burial Hebrew Philip Rd Woodlawn

Date Jan 31, 1908

Undertaker Max Lempert

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

C 9076

Registered No. B.....

City of Baltimore, (No. St. Frances Convent, E. Chase St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sister M. Carmelita Jackson.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Mulatto
DATE OF BIRTH	Nov. 23 29 1880 (Month) (Day) (Year)
AGE	28 years, 2 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Natchez, Miss.
FULL NAME OF FATHER	Not known.
BIRTHPLACE OF FATHER (State or country)	Not known.
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Magdalen, O. P.

(Address) St. Frances Convent E. Chase St.

Filed 1/31 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 29. 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 9 1907 to Jan 29 1908 that I last saw her alive on Jan 29 1908, and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

Asthenia (DURATION) 6 DAYS

Contributory Pulmonary Tuberculosis. (DURATION) 4 mos. DAYS

(Signed) Mary F. Voegtlein M. D.

Jan 30 1908 (Address) 1028 Valley St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cem	Jan 31 1908
UNDERTAKER	ADDRESS
Edward A Byrne	302 N Gay

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C 9077 Registered No. B C 9077

CERTIFICATE OF DEATH.

10 4

(Place of Death.) No. 2078. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Ellen Uppleman

{Residence, if in Baltimore, Give Street and Number.} 2078 S. Gilmor St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Apr 21 1848

AGE: 59 years, 9 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single,

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Jeremiah Uppleman

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Rachael Reid

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Davis

(Address) 2078 Gilmor St.

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 29" 1908

I HEREBY CERTIFY, That I attended deceased from Jan 27th 1908 to Jan 29 1908 that I last saw h[er] alive on Jan 29 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 1 DAYS

Contributory (Primary.) Intussusception

(DURATION) 2 DAYS

(Signed) W Blaney M.D.

Address 1108 S. Gilmor St.

Date Jan 29 1908

Place of Burial Loudon Park

Date Feb 1st 1908

Undertaker Joseph B Cook

Address 1043 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 9078 Registered No. B C 9078

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Kruck

{ Residence, if in Baltimore, Give Street and Number. } Balto

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 6th 1908

AGE: ..... years, ... months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Kruk

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Marie Cichan

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kruk

(Address) 719 S. Bond St

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 31 1908

I HEREBY CERTIFY, That I attended deceased from January 26 1908 to January 26 1908 that I last saw h alive on January 26 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis (DURATION) 10 DAYS

Contributory (Primary.)

Edema Lungs (DURATION) 6 DAYS

(Signed) S. L. Sumwalt M.D.

Address 722 S. Eutaw

Date January 31 1908

Place of Burial Holy Rosary

Date Feb. 1 1908

Undertaker Jacob Fiallowski

Address 428 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12-1

C 9079 Registered No. B C 9079

113

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Steil

{Residence, if in Baltimore, Give Street and Number.} Wolfe Ave. & Athol Terrace. Irvington

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Oct 25th 1865

AGE 42 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Fred. Schuttkie

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Meeth

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Steil

(Address) Athol Terrace

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 29, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1908 to Jan. 29, 1908 that I last saw h[illegible] alive on Jan. 29, 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Haemorrhage. (Origin, from duodenal wound, vagina, probably from stomach & kidneys.)

(DURATION) 7 DAYS

Contributory (Primary.) Biliary calculi.

(Stone in common duct) (DURATION) DAYS

(Signed) Peregrine Coath Jr. M.D.

Address Union Prot. Inf.

Date Jan. 29, 1908

Place of Burial Loraine Cem.

Date Feb 2nd 1908

Undertaker Geo J. Smith Co.

Address 1010 Fr. Fayette Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9080 Registered No. B ..... C 9080

120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. J. Wagner

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Ship Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Waggner

(Address) 913 Aliceno St.

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 28 1908

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to Jan. 28 1908

that I last saw h[illegible] alive on Jan. 28 1908,

and that death occurred, on the date stated above, at 9[illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) ..... DAYS

Con'tributory (Primary.) Nephritis

(DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Jan. 29 1908

Place of Burial Balto. Cem

Date 1/3/08 190

Undertaker J. Herring & Son

Address 1008 Aliceno St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C 9081 Registered No. B C 9081

CERTIFICATE OF DEATH.

(Place of Death.) No. 2036 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo W. Douglas

{Residence, if in Baltimore, Give Street and Number.} 2036 S. Charles St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Feb 17 1837

AGE 70 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Douglas

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER R. Smith

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed. F. Douglas

(Address) 2300 Race St.

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29 1908

I HEREBY CERTIFY, That I attended deceased from Jan 16 1908 to Jan 29 1908

that I last saw h[illegible] alive on Jan 29 1908,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 3 DAYS

Contributory (Primary) Chronic Bronchitis (DURATION) Indefinite DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date Jan 30 1908

Place of Burial Cedar Hill

Date Jan 31 1908

Undertaker Jos. Sturgeon

Address 1018 Light St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 9082 Registered No. B C 9082

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1118 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lemmie M. W. Patterson

{Residence, if in Baltimore, Give Street and Number.} 1118 Argyle Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Charles H Paterson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rachell Winfield

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Patterson

(Address) 1118 Argyle Ave

Filed 1/31 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20 1908 to Jan 30 1908

that I last saw h alive on Jan 28 1908,

and that death occurred, on the date stated above, at 1100 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary) Pneumonia

(DURATION) 10 DAYS

(Signed) C. H. Force M.D.

Address 712 S. Ann

Date Jan 30 1908

Place of Burial Mt Auburn Cemetery

Date Jan 31 1908

Undertaker Death Notice

Address Lombard Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 9083 Registered No. B C 9083

137

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Kate Scott

{ Residence, if in Baltimore, Give Street and Number. } Rolling Road Catonsville Md

Duration of Residence in Baltimore. 7.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH 1891

AGE 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Scott

BIRTHPLACE OF FATHER (State or country) D.C.

MAIDEN NAME OF MOTHER Kate Smith

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Scott

(Address) Catonsville Md

Filed 1/31 1908 MARY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 30 1908

I HEREBY CERTIFY, That I attended deceased from Jan 26 1908 to Jan 30 1908

that I last saw her alive on Jan 30 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis following *
operation

(DURATION) 7 DAYS

Con'tributory (Primary.) Retained
Membranes (DURATION) 4 DAYS

(Signed) J. Whitridge Williams M.D.

Address Johns Hopkins Hospital

Date Jan 31 1908

Place of Burial P. U. A. F. Catonsville D. C. Md

Date Feb. 2. 1908

Undertaker Alex Heaman

Address 578 W. Biddle Street

* Result of miscarriage. Not known to have been criminal

WM. J. C. DULANY, CO., BALTIMORE.

OK A.D.S.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 C 9084 C 9084 Registered No. B 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 112 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Kelly

{Residence, if in Baltimore, Give Street and Number.} 112 Hollins St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1.....

AGE 54 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Patrick McEntyre

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Kelly

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Kelly

(Address) 112 Hollins st

Filed 1/31 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 2 1908 to Jan 30 1908 that I last saw h— alive on Jan. 29 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Carcinoma

One month under my care (DURATION) DAYS

Con ributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) J. L. Conrad M.D.

Address 1302 W. Lombard st

Date Jan. 30 1908

Place of Burial St Peters

Date Feb 1st 1908

Undertaker John Keenan

Address 901 Hollins st

E. Conrad

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C 9085 Registered No. B C 9085

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Frances Johnson

{ Residence, if in Baltimore, Give Street and Number. } 220 S Bethel St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27 1908

I HEREBY CERTIFY, That I attended deceased from Dec 30 1907 to Jan 27 1908

that I last saw h[illegible] alive on Jan 27 1908

and that death occurred, on the date stated above, at 4 30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

(DURATION) DAYS

Con'tributory (Primary.) Chronic nephritis (DURATION) DAYS

(Signed) P. S. Clough M.D.

Address Johns Hopkins Hosp

Date Jan 30 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date Jan 30 1908

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 9086

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C 9086

City of Baltimore, (No. 1301 Mist St.; 9th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Kobrein

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: June (Month) 28 (Day) 1881 (Year)

AGE: 26 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): America

FULL NAME OF FATHER: William Kobrein

BIRTHPLACE OF FATHER (State or country): America

MAIDEN NAME OF MOTHER: Lydia Lichtenwalter

BIRTHPLACE OF MOTHER (State or country): America

OCCUPATION OF DECEASED: Grocery Business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Kobrein

(Address) Halethorp Maryland

Filed 1/31 1908

HARRY C. ANDREWS, PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 14th 1908 to Jan 28th 1908 that I last saw h[im] alive on Jan 28 1908, and that death occurred, on the date stated above, at 8 45 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 15 DAYS

Contributory Pleurisy, - Exhaustion

(DURATION) DAYS

(Signed) Howard E. Wooden M. D.

Jan 29 1908 (Address) 732 E Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: Jan 31, 1908

UNDERTAKER: H. C. Hudfeld

ADDRESS: 914 Greenmount Ave.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C 9087 Registered No. B C 9087

CERTIFICATE OF DEATH.

(Place of Death.) No. 1211 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Earnest Strain

{ Residence, if in Baltimore, Give Street and Number. } 1211 W. Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jany 27 1889

AGE: 19 years, — months, 7 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robert W Strain

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elizabeth Ogle

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert W Strain

(Address) 1211 W Lombard St

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 29 1908

I HEREBY CERTIFY, That I attended deceased from Jany 19 1908 to Jany 28 1908 that I last saw h[im] alive on Jany 28 1908, and that death occurred, on the date stated above, at 2 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Double Pneumonia

(DURATION) 21 DAYS

Contributory (Primary) Lobar Pneumonia

(DURATION) 8 DAYS

(Signed) C. H. Gordon M.D.

Address 637 N Gilmor

Date Jan 31 1908

Place of Burial Western

Date Feb 2nd 1908

Undertaker John J Fields

Address 1211 W. Lombard St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9088 Registered No. B ..... C 9088

CERTIFICATE OF DEATH.

(Place of Death.) No. 871 Park ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Reed

{ Residence, if in Baltimore, Give Street and Number. } 871 Park ave

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 7th 1838

AGE 69 years, 7 months, 23 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Philadelphia Pa

FULL NAME OF FATHER William B Reed

BIRTHPLACE OF FATHER (State or country) Philadelphia

MAIDEN NAME OF MOTHER Louisa Athelan

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. William Reed

(Address) 871 Park Avenue

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 30th 1908

I HEREBY CERTIFY, That I attended deceased from June 1907 to Jan 30th 1908 that I last saw h in alive on Jan. 1908, and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary.) Interstitial Nephritis (DURATION) ? DAYS

(Signed) Thomas C. Shearer M.D.

Address 903 W. Franklin St

Date January 31st 1908

Place of Burial Greenmount

Date February 1st 1908

Undertaker Kew Jenkins Undertaking Co

Address 220 N Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 9089 Registered No. B C 9089

CERTIFICATE OF DEATH.

69

(Place of Death.) No. 1707 Mosher St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A Hatcher

{ Residence, if in Baltimore, Give Street and Number. } 1707 Mosher St

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH 1848

AGE 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) England

FULL NAME OF FATHER John Fortune

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Elizabeth Philpot

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Fortune

(Address) 1707 Mosher St

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 30 1908

that I last saw her alive on Jan 30 1908

and that death occurred, on the date stated above, at 7.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

(DURATION) ? DAYS

Contributory (Primary.) Heart Failure during convulsion (DURATION) 1 DAYS

(Signed) Edwood J Cook M.D.

Address 1244 W. Gaypr

Date Jan 30 1908

Place of Burial New Cathedral

Date Feb 1 st 1908

Undertaker M Fahey & Son

Address 606 Lafayette Av

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 9090 Registered No. B C 9090

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincent's Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eugene Payton

{ Residence, if in Baltimore, Give Street and Number. } Lafayette

Duration of Residence in Baltimore St. Vincent's Inf. Asylum

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: N.

DATE OF BIRTH: Jan 6 1908

AGE: ..... years, ... months, 22 days

* SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy

(Address)

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 28th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 28 1908

that I last saw h.. alive on Jan 2 1908,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward, M.D.

Address 1230 N Caroline St.

Date 1-29 1908

Place of Burial New Cathedral

Date January 31 1908

Undertaker Martin Fahey & Co

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 9091 Registered No. B C 9091

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vincentia Ford

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Inf- asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: Dec. 12 1907

AGE: ..... years, 1 month, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincent Inf Asylum

(Address)

Filed 1/31 1908 HARRY C. ANDR[illegible] PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 29. 1908

I HEREBY CERTIFY, That I attended deceased from Dec 19 1907 to Jan 29 1908

that I last saw her alive on — 1908,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. K. Haywards M.D.

Address 1230 N Caroline St

Date 1-29 1908

Place of Burial New Cathedral

Date January 31 1908

Undertaker Martin Fahey & Son

Address 606 Fahey Building

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1415 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo E Rant

{Residence, if in Baltimore, Give Street and Number.} 1415 N. Dallas

Duration of Residence in Baltimore. Life C 9092

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 11 1869

AGE: 37 years, 3 months, 19 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country): Md Balto

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Rant

(Address) 1415 N Dallas

Filed 1/31 1908 HARRY J. JORDAN, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 30 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 27 1907 to Jan 30 1908

that I last saw him alive on Jan 29 1908,

and that death occurred, on the date stated above, at 3 o. a M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 6 1/2 years DAYS

(Signed) A. C. Gillis M.D.

Address 1379 N. Caroline St.

Date Jan. 30, 1908

Place of Burial Holy Redeemer

Date Feb 1 1908

Undertaker Robt J Turnbull

Address 1442 N. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — C 9093 — Registered No. B C 9093

CERTIFICATE OF DEATH.

47

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Miller

{Residence, if in Baltimore, Give Street and Number.} 929 Fulmore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 6 1882

AGE: 26 years, — months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Adam Miller

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theresa Miller

(Address) 22 N. Rose St

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 30 1908

I HEREBY CERTIFY, That I attended deceased from Jan 23 1908 to Jan 30 1908

that I last saw him alive on Jan 30 1908 9 30

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pericarditis, pneumonia

(DURATION) DAYS

Contributory (Primary.) acute alcoholic liver. (DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hosp

Date January 30 1908

Place of Burial Mt. Calvary

Date Feb 2. 1908

Undertaker H. Landecker

Address 718 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE

Found.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH D[illegible]TMENT, City of Baltimore.

Ward 14 — C 9094 — Registered No. B C 9094 164

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael R. Kennedy

{Residence, if in Baltimore, Give Street and Number.} 1340 E 7-1 Ave

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED — Married

BIRTHPLACE (State or country) — Ireland

FULL NAME OF FATHER — Dont Know

BIRTHPLACE OF FATHER (State or country) — " "

MAIDEN NAME OF MOTHER — Dont Know

BIRTHPLACE OF MOTHER (State or country) — Dont Know

OCCUPATION OF DECEASED — Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Raymond Kennedy (Son)

(Address) 1340 E. Fortaine

Filed 1/31 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 5.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull.
(Accidental)

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Geo. L. Cunliffe M.D.

Address Corner West

Date Jan 30-08 190

Place of Burial Cathedral Cemetery

Date Feb. 1 190 8

Undertaker Harlh Margt & Flynn

Address 426 West St

accidentally Struck on head at Mine by flying fragment

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9095 Registered No. B 164

CERTIFICATE OF DEATH.

(Place of Death.) No. Hd. Hosp. Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name John Stefanowski

{ Residence, if in Baltimore, Give Street and Number. } 3042 Boston st

Duration of Residence in Baltimore. 21 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Thomas Stefanski

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Antonia Rubjeiate.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Stefanski

(Address) 3042 Boston St

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 29th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Fracture Skull

(Struck on head with loaded late gave while walking in hallway & recd)

(DURATION) 1 DAYS

Con'tributory (Primary.) accident

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address Tooting av. (Canton)

Date Jan. 30th 1908

Place of Burial St Stanislaus

Date Saturday Feby 1. St 1908

Undertaker M J. Pachowski

Address 703 S. Amm St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C 9096 — Registered No. B [illegible] 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2025 Booth St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Shanahan

{Residence, if in Baltimore, Give Street and Number.} 2025 Booth St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 25th 1908

AGE ..... years, ... months, 7 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City.

FULL NAME OF FATHER Frank M. Shanahan

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Bertha C. Peddicord

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J C. Peddicord

(Address) 332 S Bruce St

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 31 1908

I HEREBY CERTIFY, That I attended deceased from Jany 30 1908 to Jany 30 1908

that I last saw h[illegible] alive on Jany 30 1908

and that death occurred, on the date stated above, at 5 [illegible]

[illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

ex Inanition

(DURATION) 7 DAYS

Contributory (Primary.) Inanition

(DURATION) 7 DAYS

(Signed) E Judson Miller M.D.

Address 2029 E. Baltimore St.

Date Jany 31 1908

Place of Burial St Peters Cemetery

Date Feb 1 1908

Undertaker Commissioner Health.

Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 9097 Registered No. B C 9097

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1427 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Mayfield

{Residence, if in Baltimore, Give Street and Number.} 1427 N. Mount St

Duration of Residence in Baltimore, Fifteen Years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Unknown 1	
AGE: 60 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 30th 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 14 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Silas MacDonald M.D.

Address 733 Log. av. (Corner)

Date Jan. 30th 1908

Place of Burial UNIVERSITY OF MARYLAND.

Date JAN 31 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

324

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 9098

Ward ..... C 9098 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number

Full Name Ernest Bock

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Jan 18 1834	
AGE: 74 years, — months, 13 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Shoe maker	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 31 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 19 1908 to Jan 31 1908 that I last saw h[illegible] alive on Jan 31 1908 and that death occurred, on the date stated above, at 6 a m. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) ..... DAYS

Con'tributory (Primary.) Pneumonia

(DURATION) ..... DAYS

(Signed) Robt P. Bay M.D

Address Bay View

Date Jan 31 1908

Place of Burial Mt. Cornel[illegible]

Date Feb. 1 1908

Undertaker Zirkler + Zirk[illegible]

Address 1739 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 9099 Registered No. B C 9099

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1503 W Fayette ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Annie Falesi.

{Residence, if in Baltimore, Give Street and Number.} 1503 W Fayette ave

Duration of Residence in Baltimore. Life time -

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH Jan 26 1906

AGE 2 years, - months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) city.

FULL NAME OF FATHER Rosario Falesi

BIRTHPLACE OF FATHER (State or country) Italy -

MAIDEN NAME OF MOTHER Rosa Valenzia

BIRTHPLACE OF MOTHER (State or country) Italy -

OCCUPATION OF DECEASED -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Valenzia Joseph

(Address) 911 Penula ave

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1-31-1908

I HEREBY CERTIFY, That I attended deceased from 1-30 1908 to 1-31 1908 that I last saw her alive on 1-31 1908 and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Heart failure.

(DURATION) 1 DAYS

Con'ributory (Primary.) Pneumonia

(DURATION) 3 DAYS

(Signed) S. Demarco M.D.

Address 1604 Linden ave

Date 1-31- 1908

Place of Burial St. Vincents Cemetery

Date Jany 31st " 1908

Undertaker J. Ahrens & Co.

Address 154 N. Eutaw st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 — C 9100 Registered No. B — C 9100

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 632 N. Payson St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Thomas Robinson

{Residence, if in Baltimore, Give Street and Number.} 632 N. Payson

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 87 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Main

(Address) 115 N. Careys St

Filed 1/31 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30 1908

I HEREBY CERTIFY, That I attended deceased from Dec 2 1907 to Jan 30 1908 that I last saw h in alive on Jan 30 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) old age (DURATION) 61 DAYS

(Signed) John E Steck M.D.

Address 647 W Lombard

Date Jan 31 1908

Place of Burial Baltimore

Date ~~Jan~~ Feb 1 1908

Undertaker William Cook

Address 602 E Hart ave

WM. J. C. DULANY CO., ENGRAVERS.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 9101 Registered No. B C 9101

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1806 Harford Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Warick

{ Residence, if in Baltimore, Give Street and Number. } 1806 Harford Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Warick

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Elizabeth Waidnell

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel A. Warick

(Address) 1806 Harford Av

Filed 1/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 30, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 28 1908 to Jan 30 1908 that I last saw h.im alive on Jan 30, 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

General Paralysis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. A. Elwell M.D.

Address 1741 Hayward Ave

Date Jan 31, 1908

Place of Burial Greenmount

Date Feb 2/1908 1908

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 9102 Registered No. B C 9102

103

CERTIFICATE OF DEATH.

(Place of Death.) No. 1532 Greenmount Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas L. Lyng.

{Residence, if in Baltimore, Give Street and Number.} 1532 Greenmount Av.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 35 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Michael Lyng.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Carey

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother

(Address) 1532 Greenmount Ave

Filed Feb 1st 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30 1908

I HEREBY CERTIFY, That I attended deceased from Jan 28 1908 to Jan 30 1908

that I last saw h— alive on Jan 30 1908,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Hemorrhage.

Contributory (Primary) Gastric Ulcer. (DURATION) 2 DAYS

(DURATION) ? DAYS

(Signed) M. L. [illegible] M.D.

Address 1202 E. Monument St.

Date Jan 30 1908

Place of Burial New Cathedral Cemetery

Date Feb 1st 1908

Undertaker H. C. Niedfeld

Address 914 Greenmount ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 9103 Registered No. B C 9103

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1435 Decatur St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James H. Woods

{Residence, if in Baltimore, Give Street and Number.} 1435 Decatur St

Duration of Residence in Baltimore. Fifty Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH January 3d 1836

AGE 72 years, ... months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Richmond Va

FULL NAME OF FATHER John L Woods

BIRTHPLACE OF FATHER (State or country) Richmond Va

MAIDEN NAME OF MOTHER Amelia Dickinson

BIRTHPLACE OF MOTHER (State or country) Richmond Va

OCCUPATION OF DECEASED Station Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas H Woods

(Address) 1435 Decatur

Filed 2/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 30 1908

I HEREBY CERTIFY, That I attended deceased from December 25 1907 to January 30 1908 that I last saw him alive on January 31 1908, and that death occurred, on the date stated above, at 9.40 a m.

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 3 Yrs

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. J. Tuttington M.D.

Address Dr & Fort Ave

Date January 30th 1908

Place of Burial Cedar Hill

Date Feb 1st 1908

Undertaker E Hale

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9104 Registered No. B C 9104

CERTIFICATE OF DEATH. 1

(Place of Death.) No. "Waldorf" Cor Calvert St & North Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary R. Whalen

{Residence, if in Baltimore, Give Street and Number.} City Home 1434 Harlem Ave

Duration of Residence in Baltimore. Mothly Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feby 1st 1908

AGE: 24 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED

BIRTHPLACE (State or country): Cecily

FULL NAME OF FATHER: Frank Whalen

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Priscila Fulton

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Whalen

(Address) Calvert & North Ave (the Wdf)

Filed 2/1 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 1st 1908

I HEREBY CERTIFY, That I attended deceased from Jany 22 1908 to Feby 31st 1908 that I last saw her alive on Jany 31st 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Scarlet Fever – Anginose –

(DURATION) 10 DAYS

Contributory (Primary.) No Surgical Cause

(DURATION) ..... DAYS

(Signed) John Ash M.D.

Address 701 N. Hamilton Ave

Date Feby 1st 1908

Place of Burial London Park

Date Feb 2d 1908

Undertaker John E Hough Co

Address 1422 Pennsylvania Ave

Removal to 1434 Harlem Ave granted by J.B. Com of Health 9 A.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward IX C 9105 Registered No. B C 9105

64.

CERTIFICATE OF DEATH.

(Place of Death.) No. 726 W Pratt St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Patterson

{Residence, if in Baltimore, Give Street and Number.} 726 W Pratt

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH 1

AGE 66 years, \ mont's, \ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Patterson

(Address) 726 W Pratt

Filed 7/1 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31 1908

I HEREBY CERTIFY, That I attended deceased from Jan 27 1908 to Jan 30 1908 that I last saw h alive on Jan 30 1908, and that death occurred, on the date stated above, at 3 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of the Lungs

(DURATION) 1 DAYS

Contributory (Primary) Apoplexy 3

(DURATION) DAYS

(Signed) Henry Byrd M.D.

Address 615 Columbia

Date Jan 31 1908

Place of Burial Western

Date Feb 1 1908.

Undertaker Wenbook

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause** and **date of death**.

Ward 20 C 9106 Registered No. B C 9106

104

CERTIFICATE OF DEATH.

(Place of Death.) No. Hillman & Hillsdale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A. Mihm

{Residence, if in Baltimore, Give Street and Number.} Hillsdale Park

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH May 2 1853

AGE 54 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Caspar Mihm

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Ambrosia Stumpf

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Insurance Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ferdinand J. Mihm

(Address)

Filed 2/1 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1908

I HEREBY CERTIFY, That I attended deceased from 1908 to 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at 8.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease, from acute Indigestion

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Gibbons Coroner M.D.

Address 711 W. Lanvale

Date 7/30 1908

Place of Burial New Cathedral

Date Feb 3 1908

Undertaker Jos. Stumbeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 C 9107 Registered No. B C 9107

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 N. Barney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Parks

{Residence, if in Baltimore, Give Street and Number.} 16 N. Barney

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 12 1839

AGE 68 years, 8 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Thyson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary A. Smith

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. B. Parks

(Address) Brooklyn Md Co.

Filed 2/1 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Jan 31 1908

that I last saw h.. alive on Jan 30 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 3 DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) Indefinite DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover

Date Jan 31 1908

Place of Burial Baltimore Cemetery

Date Feb 1 1908

Undertaker Jos. Stumbeck

Address 318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C 9108

Ward 10

C 9108 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1113 N Paca alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leo Edgerton Carpenter

{Residence, if in Baltimore, Give Street and Number.} 1113 Paca st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH June 1 1899

AGE 9 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Johnson Campbell

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jones

(Address) 1113 N Paca st

Filed 2/1 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 29th 1908

I HEREBY CERTIFY, That I attended deceased from

1908 to 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 14 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Leo Blackburn M.D.

Address 700 Lof. Ave (Corner)

Date Jan. 31 st 1908

Place of Burial Mt Olivet

Date Feb 1 1908

Undertaker R L Parkinson Co

Address 1213 Park st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

6

HEALTH DEPARTMENT, CITY OF BALTIMORE.

151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9109

City of Baltimore, (No. 3124 E Balt St.; ' Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maria J. Brooks,

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan (Month) 20th (Day) 1908, (Year)

AGE — years, — months, 11 days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) 3124 E Balto St

FULL NAME OF FATHER John Henry C. Brooks

BIRTHPLACE OF FATHER (State or country) Boston Mass.

MAIDEN NAME OF MOTHER Elizabeth A Rehrmann

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 3124 E Balto St

Filed 2/1 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 31st (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 20th 1908 to Jan 31st 1908, that I last saw h— alive on Jan 31st 1908, and that death occurred, on the date stated above, at 12, A. M. The CAUSE OF DEATH was as follows:

Premature birth which was a twin

(DURATION) 11 DAYS

Contributory Exhaustion

(DURATION) 11 DAYS

(Signed) J C McPherrin M. D.

Jan 31 1908 (Address) 1220 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Alphonsus Cemetery	Feb 2 1908
UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, occupation, marriage, condition (whether married or single) of the person deceased, and the cause and date of death.

C 9110

Ward ..... Registered No. B 18

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephen N. Lewis C 9110

{ Residence, if in Baltimore, Give Street and Number. } Co. Wilday Ave Govans.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): [illegible]

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Blacksmith.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 190 8

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lair

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... Jan. 30 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 25 1908 to Jan 30 1908

that I last saw h im alive on Jan. 30 1908

and that death occurred, on the date stated above, at 10 ½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Erysipelas

..... (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Jan. 31 1908

Place of Burial St Marys Hampden

Date Feb 1 1908

Undertaker Wm. E Chenoweth & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 9111

Ward 17 — Registered No. B 176

CERTIFICATE OF DEATH.

(Place of Death.) No. 727 S. Broadway St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant Kalinowski

{Residence, if in Baltimore, Give Street and Number.} 727 S. Broadway.

Duration of Residence in Baltimore. 1 day.

C 9111

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 31 1908

AGE 1 hour. — years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Henry Kalonowski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Mary Baronowska

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Baronowski

(Address) 729 S Broadway

Filed Feb 1st 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 31 1908

I HEREBY CERTIFY, That I attended deceased from Jan 31 1908 to Jan. 31 1908 that I last saw h[illegible] alive on Jan 31 1908, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apnoea.

(DURATION) , DAYS

Contributory (Primary) Malposition.

Instrumental delivery (DURATION) DAYS

(Signed) J. Josephson M.D.

Address 4 N. Bond

Date Feb 1, 1908

Place of Burial St Stanislaus

Date Feb 1908

Undertaker Joseph Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B C 9112

CERTIFICATE OF DEATH.

(Place of Death.) No. 533 N Central Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florence Richardson

{Residence, if in Baltimore, Give Street and Number.} 533 N Central Ave

C 9112

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR B

DATE OF BIRTH 1

AGE X years, 2 months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Samuel Richardson

BIRTHPLACE OF FATHER (State or country) South Carolina

MAIDEN NAME OF MOTHER Priscilla Tomas

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Richardson

(Address) 533 N. Central Ave

Feb 1 190 8 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30 190 8

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 6.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(Sudden)

... (DURATION) ... DAYS

Contributory (Primary) ...

... (DURATION) ... DAYS

(Signed) Fred K Camalier M.D.

Address Coroners Office

Date Jan 30—08 190

Place of Burial Samuel Ch

Date Feb 1 190 8

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B C 9113

CERTIFICATE OF DEATH.

50

(Place of Death.) No. 704 Fessier St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard B. Sydings

{Residence, if in Baltimore, Give Street and Number.} 704 Fessier st. C 9113

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: col.

DATE OF BIRTH: Unknown 1

AGE: 34 years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm. Sydings

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sophia Peck.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Brother Frederick Sydings
(Informant)

(Address) 704 Fessier St.

Filed 3/1 1908

HARRY O. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1/30 08 190

I HEREBY CERTIFY, That I attended deceased from Dec 30 1907 to Dec 30 1907 that I last saw h[illegible] alive on Jan 27 1908 and that death occurred, on the date stated above, at 3 30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Diabetes Mellitus,

2 yrs. (DURATION) DAYS

Con'ributory (Primary.) [illegible]

(DURATION) DAYS

(Signed) L E Connado M.D.

Address 609 W. Franklin

Date 1/30. 1908

Place of Burial Laurel

Date F. E. Cem 2 1908

Undertaker R. A. Elliott

Address 606 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B C 9114

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 766 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arminta Sirlena Garnett

{ Residence, if in Baltimore, Give Street and Number. } 766 Bradley St. C 9114

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: John Thomas Garnett

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary Jane Lindsay

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jane Garnett (mother)

(Address) 766 Bradley St.

Filed 2/1 1908 HENRY J. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 30 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 11 1908 to Jan. 29 1908 that I last saw h[illegible] alive on Jan 29 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

1 Pulmonary Tuberculosis

(DURATION) 10 weeks DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. A. Mahon M.D.

Address 1711 Madison Ave.

Date Jan. 30 1908

Place of Burial Mt. Auburn

Date Feb 2 1908

Undertaker R. F. Hellmuth

Address 605 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 Registered No. B 116

CERTIFICATE OF DEATH.

(Place of Death.) No. 1142 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Cook

{Residence, if in Baltimore, Give Street and Number.} 1142 Woodyear St

C 9115

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX female

COLOR Col

DATE OF BIRTH ——— 1858

AGE 50 years, —— mont's, —— days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Lloyd Harris

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) unknown

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Wilson

(Address) 1142 Woodyear St

Filed 2/1 1908 HARRY G. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan 18 1908 to Jan 30 1908

that I last saw her alive on Jan 30 1908

and that death occurred, on the date stated above, at 8.35 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis Acute

——

(DURATION) —— DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) —— DAYS

(Signed) S B Hubbard M.D.

Address 705 George St

Date Jan 31 — 1908

Place of Burial Mt Zion

Date Feb 3 1908

Undertaker R A Elliott

Address 606 Rogers al

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 9116 Registered No. B C 9116 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 116 S. Monroe St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cecilia J. Kraft

{ Residence, if in Baltimore, Give Street and Number. } 116 S. Monroe St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH June 22 1837

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Kemp

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Kraft

(Address) 116 S Monroe

Filed 1/1 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30, 1908

I HEREBY CERTIFY, That I attended deceased from Nov 13, 1907 to Jan 30, 1908 that I last saw h[illegible] alive on Jan 29, 1908, and that death occurred, on the date stated above, at 8:30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 78 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) E. A. Dickey M.D.

Address 14 N. Monroe

Date Jan 31, 1908

Place of Burial Loudon Park

Date Feb 2 1908

Undertaker Robt J Turner

Address 1xxv. N. & Fremont

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 9117 Registered No. B 101

CERTIFICATE OF DEATH.

(Place of Death.) No. 1136 Hull St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Irene Pierce

{Residence, if in Baltimore, Give Street and Number.} 1136 Hull St.

Duration of Residence in Baltimore. 15 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH Oct. 17 1907

AGE ..... years, 15 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER George Pierce

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Margaret Dunn

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. Pierce

(Address) 1136 Hull St.

Filed Feb 1st 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31st 1908

I HEREBY CERTIFY, That I attended deceased from Jan 5 1908 to Jan 30 1908 that I last saw h er alive on Jan 30 1908, and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 2 DAYS

Contributory (Primary.) Acute Tonsilo Pharyngitis (DURATION) 21 DAYS

(Signed) T. J Doyle M.D.

Address 641 Fort Ave

Date Jan 31st 1908

Place of Burial St. Patricks Cem

Date Feb. 2, 1908

Undertaker J. J Fahey

Address 1132 Hillsdale

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 9118 C 9118 Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Burnes

{Residence, if in Baltimore, Give Street and Number.} 1410 Battery ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 30 / 1874

AGE 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Anthony Barrett

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER do not Know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed Feb 1" 1908 HARRY O. ANDR[illegible], Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31, 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190..

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate

Edema

(DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) DAYS

(Signed) Robt. Bay M.D.

Address Bay View Asylum

Date Jan 31, 1908

Place of Burial Dennis Bdle Cem

Date Feb, 3 1908

Undertaker J. J. Fahey

Address 1282 Hollins St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1908
24
1874

Ward 6 — C 9119 — Registered No. B C 9119

47

CERTIFICATE OF DEATH.

(Place of Death.) No. 2018 Fairmount Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert M. McLellan

{Residence, if in Baltimore, Give Street and Number.} 2018 Fairmount Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 5 1907

AGE: 30 years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John L. McLellan

BIRTHPLACE OF FATHER (State or country): Nova Scotia

MAIDEN NAME OF MOTHER: Mary G. Burke

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maude O McLellan

(Address) 2018 Fairmount Ave.

Filed Feb 1" 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 31 1908 1908

I HEREBY CERTIFY, That I attended deceased from about Nov. 1 1907 to Jan 31 1908

that I last saw him alive on Jan 31 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 7 DAYS

Contributory (Primary.) Endo-Cardits - Rheumatic origin (DURATION) 90 DAYS

(Signed) L L Mitchell M.D.

Address 6 N Eden

Date Feb 1 1908

Place of Burial St. Patricks Cemetery

Date Feb. 4 1908

Undertaker Germanus Thanz

Address Bank and Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C 9120 Registered No. B C 9120

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Stanley

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.	COLOR: Col.
DATE OF BIRTH: 1	
AGE: 25 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing.	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laborer.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 2/2 1908 HARRY C. ANDREW Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 31 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 28. 1908 to Jan. 31 1908 that I last saw h[illegible] alive on Jan 31 1908 and that death occurred, on the date stated above, at 8 a. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis. (DURATION) DAYS

(Signed) Robt. T. Bay M.D.

Address Bay View

Date Feb. 1 1908

Place of Burial Sacred Heart

Date Feby 2 1908

Undertaker Chas. H. Evans

Address 118 W. Mt. Royal ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C 9121 Registered No. BC 9121

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 302 W Biddle St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Rachel Marcus

{Residence, if in Baltimore, Give Street and Number.} 302 W Biddle

Duration of Residence in Baltimore. 8 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Louis Kadesnitz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mr Kuron

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Samuelson

(Address) 500 W. Biddle St.

Filed 2/2 1908. HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 31 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2 1908 to Jan 31 1908

that I last saw her alive on the 30 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate

Meningitis

(DURATION) DAYS

Contributory (Primary.)

4 weeks (DURATION) DAYS

(Signed) J. H. Collentine M.D.

Address 1810 3 Balt. St.

Date Feb. 1 1908

Place of Burial Hebrew Rosedale Cemetery

Date ~~June~~ Feb. 2, 1908

Undertaker Mrs Linson

Address 1622 N. C Eldgrant

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH. C 9122

Registered No. B .....

City of Baltimore, (No. 1542 Dolphin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick Cook Harman

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June (Month) 5, (Day) 1840 (Year)

AGE 63 years, 7 months, 26 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Geo W Harman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Catherine Cook

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W Saylor

(Address) Edgewood Md

Filed Feb 2 1908 HARRY C. ARDRAWS. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 31 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 30 1908 to Jan 31 1908 that I last saw him alive on Jan 31 1908, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Cardiac asthenia and Oedema of Lungs

(DURATION) 2 DAYS

Contributory Chronic Interstitial Nephritis (DURATION) ..... DAYS

(Signed) William J Grossick M. D.

Feb 1 1908 (Address) 1606 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Greenmount Cem | DATE OF BURIAL Feb 2 1908

UNDERTAKER J O'Neill Cook | ADDRESS 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 9123 Registered No. B C 9123 66

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucy Hemsley

{Residence, if in Baltimore, Give Street and Number.} 1321 N. Carey St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col.

DATE OF BIRTH ....1....

AGE [redacted] years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ....

(Address) BAY VIEW ASYLUM.

Filed 2/2 1908 HENRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 1 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 20 1908 to Feb. 1 1908

that I last saw her alive on Feb. 1 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

....(DURATION)....DAYS

Con'tributory (Primary.) Hemiplegia

....(DURATION)....DAYS

(Signed) Wm. P. Bay M.D.

Address Bay View

Date Feb. 1 1908

Place of Burial Mt Auburn

Date Feb 2 1908

Undertaker R. A. Elliott

Address 516 Rogers Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 9124 Registered No. B C 9124

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 117 W. Montgomery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Priscilla Chase

{ Residence, if in Baltimore, Give Street and Number. } 117 W. Montgomery

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH 1

AGE 69 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER dont Ne

BIRTHPLACE OF FATHER (State or country) = =

MAIDEN NAME OF MOTHER dont Ne

BIRTHPLACE OF MOTHER (State or country) = =

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Henson

(Address) 119 W Montgomery

Filed 2/2 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 29 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28 1907 to Jan 29 1908

that I last saw her alive on Jan 28 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary) arterio - Sclero

ois (General) (DURATION) (?) DAYS

(Signed) H S McCaul M.D.

Address 136 W Hill

Date Jan 30 1908

Place of Burial Furnish Bur Cemty

Date Feb 12 1908

Undertaker John H Jenkins

Address 1942 W Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 9125 Registered No. B C 9125 153

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Linden

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black -

DATE OF BIRTH Jan. 1908

AGE (about) ....years, ...months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred Per H.J.

(Address) St Elizabeths Home

Filed 2/2 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 31 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 24 1908 to Jan. 31 1908 that I last saw him alive on Jan. 31 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Insanition

(DURATION) 7 DAYS

Contributory (Primary.) Lack of Care & Exposure

Cold - (Foundling) (DURATION) Unknown DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carey St.

Date Feb. 1, 1908.

Place of Burial Cathedral Cemetery

Date Feb. 3rd 1908

Undertaker Felix B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH. C 9126

Registered No. B.....

City of Baltimore, (No. 2250, Gunderson St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth M. Vaughan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1856 (Year)

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Michael Higgins

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Vaughan

(Address) 2250 Gunderson St

Filed 2/2 1908 HARRY C. ANDR... Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 31st 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 26th 1908 to Jan 31st 1908

that I last saw her alive on Jan 31st 1908,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Double Lobar Pneumonia.

About - (DURATION) 17 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) C. N. Gabriel M. D.

Feb 10th 1908 (Address) 2402 St Paul St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Feb 3 1908

UNDERTAKER: C. A. Weigold & Son — ADDRESS: 213 Guilford Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 9127 Registered No. B C 9127

CERTIFICATE OF DEATH.

(Place of Death.) No. 106 S. Duncan alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George J. Schmitt

{ Residence, if in Baltimore, Give Street and Number. } 106 S. Duncan Alley

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 24 1

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Schmitt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Schmitt

(Address) 2024 Fairmount

Filed 2/2 1908 HARRY O. ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 30, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20 1908 to Jan 30 1908 that I last saw him alive on Jan 29 1908, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or immediate)

Pulmonary Tuberculosis

about 1 year (DURATION) DAYS

Contributory (Primary) Exhaustion about 2 Wks (DURATION) DAYS

(Signed) Geo Heller M.D.

Address 1937 Gough St

Date Feb. 2, 1908

Place of Burial Holy Redeemer

Date Feb. 3rd 1908

Undertaker Geo A. Moran

Address Bank & Arnold

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C 9128 Registered No. B C 9128

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1104 Wagon alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kuzziah Harris

{Residence, if in Baltimore, Give Street and Number.} 1104 Wagon alley

Duration of Residence in Baltimore. [redacted] yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Black
DATE OF BIRTH: 1854	
AGE: 53 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Dont know	
BIRTHPLACE OF FATHER (State or country): -	
MAIDEN NAME OF MOTHER: ..	
BIRTHPLACE OF MOTHER (State or country): ..	
OCCUPATION OF DECEASED: Housework	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora Shields

(Address) 1807 Ethng St

Filed 2/2 1908 [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31st 1908

I HEREBY CERTIFY, That I attended deceased from Jan 29 1908 to Jan 31 1908 that I last saw h[illegible] alive on Jan 30 1908, and that death occurred, on the date stated above, at 9.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 1 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 1 DAYS

(Signed) [illegible] M.D.

Address 1425 Bank

Date Jan 31st 1908

Place of Burial Laurel Cem

Date Feb 2nd 1908

Undertaker Sim[illegible] H. Chas. Foos

Address 1420 Hoffman

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., Baltimore.

Ward 17 Registered No. B C 9129

C 9129

CERTIFICATE OF DEATH.

(Place of Death.) No. 553 Oxford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie M. Leighman

{Residence, if in Baltimore, Give Street and Number.} 553 Oxford St.

Duration of Residence in Baltimore. 26 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — 1852

AGE: 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): A. A. Co. Md

FULL NAME OF FATHER: Wm Johnson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Betsy Owens

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Peters

(Address) 553 Oxford St.

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 1st 1908.

I HEREBY CERTIFY, That I attended deceased from Jany 30 1908 to Feby 1st 1908.

that I last saw her alive on Jany 31 1908.,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis (DURATION) 30 DAYS

Contributory (Primary)

Cardiac Nephritis (DURATION) 30 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1300 N. North Ave.

Date Feby 4th 1908

Place of Burial Mt. Olivet Cem. Md.

Date Feb 7 1908

Undertaker John H. Owens & Son

Address 1222 Druid Park

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 9130 Registered No. B C 9130

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1721 Guilford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha M. Walton

{Residence, if in Baltimore, Give Street and Number.} 200 Girard Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 14 1851

AGE: 56 years, 5 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Conrad Sugman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Henrietta Meyers

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. C. Schiller

(Address) 1721 Guilford Ave

Filed 2/2 1908 HARRY C. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31" 1908

I HEREBY CERTIFY, That I attended deceased from Jan 27" 1908 to Jan 31 1908 that I last saw her alive on Jan 31" 1908, and that death occurred, on the date stated above, at 3 P.M.

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary oedema
Heart affection

(DURATION) 4 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 4 DAYS

(Signed) Henry B. Thomas M.D.

Address 1007 Eutaw St

Date Feb 1" 1908

Place of Burial Baltimore Cemetery

Date Feb 2 1908

Undertaker Henry W. Means and Son

Address 885 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 9131 Registered No. B C 9131

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 East Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph C. Judik

{Residence, if in Baltimore, Give Street and Number.} 1428 Madison Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 31st 1873

AGE 34 years, 1 months, 1 days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER J. Henry Judik

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Lillie A. Bringues

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED Manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Judik

(Address) 1428 Madison Ave.

Filed Feb 2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 1st 1908

I HEREBY CERTIFY, That I attended deceased from Jan 21st 1908 to Feb 1st 1908 that I last saw h.. alive on Feb 1st 1908, and that death occurred, on the date stated above, at 5 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 10 DAYS

Contributory (Primary)

Secondary Cause Pneumonia (DURATION) DAYS

(Signed) Charles D. Hill M.D.

Address Station E. Balto.

Date Feb. 1st 1908

Place of Burial New Cathedral Cem

Date Feby 3rd 1908 190

Undertaker Henry M. Jenkins & Sons Co

Address 300 N. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 31832

170

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. Hotel Sherwood Germain St. W. Lexington St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Wesley Linthicum

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Aug 12th 1853 (Month) (Day) 1 (Year)
AGE	54 years, 6 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	A. A. County Md
FULL NAME OF FATHER	Chas Wesley Linthicum
BIRTHPLACE OF FATHER (State or country)	Howard County Md
MAIDEN NAME OF MOTHER	Marjonia Waters
BIRTHPLACE OF MOTHER (State or country)	Annapolis Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine Frick Emory

(Address) Sherwood Hotel

Filed 2/2 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 10th 1908 to Feb 1 1908 that I last saw him alive on Feb 1 1908, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Brights disease of a chronic form which had been going on for Months prob (DURATION) ..... DAYS

Contributory but took on an acute form from La Grippe (DURATION) ..... DAYS

(Signed) Thomas Shearer M. D.

Feb 2 1908 (Address) 103 W. Franklin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemty	Feb 3 1908
UNDERTAKER	ADDRESS
H. W. Jenkins & Sons	30 N. Broadway

HEALTH DEPARTMENT, City of Baltimore. C 9133

Ward ..... C 9133 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1015 Jenkins Alleys Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charlotte Inlows

{ Residence, if in Baltimore, Give Street and Number. } 1015 Jenkins al. Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: — years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: William Enlows

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mamie Toblins

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mamie Toblins

(Address) 1015 Jenkins Aly. Ct.

Filed Feb 2" 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 31st 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Wm Bar Dunning M.D.

Address 700 Log. ave (Lennox)

Date Feb. 1st 1908

Place of Burial Laurel Cemetery

Date Feb. 2nd 1908

Undertaker Robert A. Elliott

Address 506 Rogers Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore. C 9134

C 9134

Ward 14 Registered No. B 103

CERTIFICATE OF DEATH.

(Place of Death.) No. 710 N Lafayette ave. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Grace Lee Bundick

{Residence, if in Baltimore, Give Street and Number.} 710 N. Lafayette ave

Duration of Residence in Baltimore. 7 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 10th 1862

AGE 45 years, 7 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER John A. Bundick

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Annie Hickman

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. J. Bryant

(Address) 710 N. Lafayette ave

Filed Feb 2" 1908

HARRY C. [illegible], Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 1st 1908

I HEREBY CERTIFY, That I attended deceased from Jany. 28 1908 to Feby 1st 1908

that I last saw her alive on Feby 1st 1908

and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Ulcer

(DURATION) 8 days

Contributory (Primary.)

(DURATION)

(Signed) J. D. Norris M.D.

Address 1221 N. Fayette St.

Date Feby. 2d 1908

Place of Burial Parkersburg W. Va

Date Feb. 3 rd 1908

Undertaker G. F. Walker

Address 723. W. Laf. ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 [redacted] Registered No. B [redacted] 71

CERTIFICATE OF DEATH.

(Place of Death.) No. 1567 N. Fulton Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Gertrude Miller C9135

{Residence, if in Baltimore, Give Street and Number.} 1567 N. Fulton

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 14th 1907

AGE: — years, 9 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John L. Miller

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Emma Benish

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Miller

(Address) 1567 N. Fulton Ave

Filed 2/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 2nd 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h.... alive on ..... 190.....

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Wm. Boardman M.D.

Address 700 Lof. Ave. (City)

Date Feb. 2nd 1908

Place of Burial Western Cemetery

Date Feb. 3rd 1908

Undertaker Jno. & Jno. H. Teufel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, occupation, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 C 9136 Registered No. B C 9136

CERTIFICATE OF DEATH.

(Place of Death.) No. 1830 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. E. Smith

{Residence, if in Baltimore, Give Street and Number.} 1830 S. Hanover St.,

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Feb 18 1906

AGE 1 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo. E. Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Susie Lawinsky

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. E. Smith

(Address) 1831 Hanover St.

Filed 2/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to Feb 1 1908 that I last saw him alive on Jan 31 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) 2 DAYS

Contributory (Primary.) Bronchopneumonia (DURATION) 23 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date Feb 1 1908

Place of Burial Holy Cross Cem

Date Feb 3rd 1908

Undertaker E. Schlosman & Son

Address 1024 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 9137

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9137

City of Baltimore, (No. 1605 Patapsco St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ethel M. Doughty

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb (Month) 10 (Day) 1906 (Year)

AGE: 1 years, 11 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Albert Doughty

BIRTHPLACE OF FATHER (State or country): Washington N. C.

MAIDEN NAME OF MOTHER: Mamie Arthur

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Doughty

(Address) 1605 Patapsco st

Filed 2/3 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 1st (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 13th 1908 to Feb 1st 1908 that I last saw her alive on Feb 1st 1908, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Bronchitis

(DURATION) DAYS

Contributory Pertussis

(DURATION) 2 DAYS

(Signed) Thomas Wilkerson Willis M. D.

Feb 1st 1908 (Address) 810 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill — DATE OF BURIAL: Feb 3 1908

UNDERTAKER: E. Schloman & Son — ADDRESS: 129 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 25 C 9138 Registered No. B C 9138

CERTIFICATE OF DEATH. 99

(Place of Death.) No. 1805 Patapsco St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Frederick.

{Residence, if in Baltimore, Give Street and Number.} 1805 Patapsco St.

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 24 1846

AGE 47 years, 11 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Adam Frederick

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna M Dinkling

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Frederick (wife)

(Address) 1805 Patapsco St

Filed 2/3 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 1 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 2.10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. M. Feinhardt M.D.

Address Coroner

Date February 1 1908

Place of Burial Western Cem

Date Feb 4th 1908

Undertaker E. Schloman & Son

Address 1039 Hanover st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 25 C 9139 Registered No. B C 9139

CERTIFICATE OF DEATH.

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(Place of Death.) No. 1400 Clarkson — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert H. Hirschmann

{Residence, if in Baltimore, Give Street and Number.} 1400 Clarkson st.

Duration of Residence in Baltimore. 33 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 15th 1855

AGE: 52 years, 9 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Gery

FULL NAME OF FATHER: Henry Hirschmann

BIRTHPLACE OF FATHER (State or country): Gery

MAIDEN NAME OF MOTHER: Augusta Colland

BIRTHPLACE OF MOTHER (State or country): Gery

OCCUPATION OF DECEASED: Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhelmina Hirschmann

(Address) 1400 Clarkson

Filed 2/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1st 1908

I HEREBY CERTIFY, That I attended deceased from Nov 30th 1907 to Feb 1st 1908 that I last saw h im alive on Jan 31st 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypertrophy of Heart
Phthisis Pulmonalis
about 3 months (DURATION) — DAYS

Contributory (Primary.)
Prostration (DURATION) 2 DAYS

(Signed) Chas L. Goldsborough M.D.

Address 418 S. Paca st.

Date Feb 2d 1908

Place of Burial Loudon Park

Date Feb 5th 1908

Undertaker C. Schulman & Son

Address 1029 Hanover st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 9140

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9140

City of Baltimore, (No. 801 N Charles St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Marye

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Aug (Month) 29 (Day) 1851 (Year)

AGE: 57 years, 5 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Westmoreland Co. Va.

FULL NAME OF FATHER: Dr James Braxton Marye

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Ann. maria Burton

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Gram Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Turner Marye

(Address) 875 Park Ave Balto Md

Filed 2/3 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 31st (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 11.30 to 11.45 P.M. on this day. 1908

that I last saw h[illegible] alive on [illegible] 1908,

and that death occurred, on the date stated above, at 11.45 P. M. The CAUSE OF DEATH was as follows:

Apoplexy

XE (DURATION) DAYS

Contributory Probable mech heart (DURATION) DAYS

(Signed) Herbert Harlan M. D.

Feb 1st 1908 (Address) 516 Cathedral

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: 875 Park ave — How long at Place of Death? [illegible] Days

Where was disease contracted, if not at place of death? [illegible]

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cemty	Feb 3 1908
UNDERTAKER	ADDRESS
Stuart Mowen Co	215 Park ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C 9141 Registered No. B C 9141

94

CERTIFICATE OF DEATH.

(Place of Death.) No. 226 W Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma J. Andrews

{Residence, if in Baltimore, Give Street and Number.} 226 W Lanvale St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 29th 1834

AGE 73 years, 7 months, 2 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Charles Simon

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Magalina Heinz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) R Elisabeth Andrews

(Address) 226 W Lanvale St

Filed 2/3 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 1, 1908.

I HEREBY CERTIFY, That I attended deceased from Jan. 29 1908 to Feb 31 1908.

that I last saw her alive on Jan. 31 1908,

and that death occurred, on the date stated above, at 7.40 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation right heart.

(DURATION) ✓ DAYS

Contributory (Primary.) Acute pleurisy

(DURATION) 2 ½ DAYS

(Signed) Lilian Welch M.D.

Address The Arundel

Date Feb. 1 1908.

Place of Burial Greenmount cemetery

Date Feb 4 1908

Undertaker Stewart & Warren Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — C 9142 — Registered No. B C 9142

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 314 — 20½ — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Ireland

{ Residence, if in Baltimore, Give Street and Number. } 314 20½ St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 17 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Isaac. Ireland

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Annie Mominus

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Ireland

(Address) 314 - 20½ St

Filed 2/3 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 2 1908

I HEREBY CERTIFY, That I attended deceased from Jan 5 1908 to Feb 2 1908 that I last saw him alive on Jan 1 1908 and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia. Exhaustion

(DURATION) DAYS

Contributory (Primary or Tubular) Pneumonia (DURATION) 1 day

(Signed) Hughes Buckley M.D.

Address Guilford Ave & Fayette

Date Feb 2 1908

Place of Burial Laurel

Date Feb 4 1908

Undertaker R. F. Elliott

Address 501 Royston Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C 9143 Registered No. B C 9143

CERTIFICATE OF DEATH. 120

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Henson

{Residence, if in Baltimore, Give Street and Number.} 827 Leadenhall St.

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: dont no

BIRTHPLACE OF FATHER (State or country): dont no

MAIDEN NAME OF MOTHER: dont no

BIRTHPLACE OF MOTHER (State or country): dont no

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mary Henson

(Address) 827 Leadenhall St

Filed 2/3 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 31 1908

I HEREBY CERTIFY, That I attended deceased from Jan 27 1908 to Jan 31 1908 that I last saw him alive on Jan 31 1908 and that death occurred, on the date stated above, at 7.55 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis
Arterio Sclerosis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Ernest K Cullen M.D.

Address Johns Hopkins Hosp

Date January 31 1908

Place of Burial Bonnie Brae Cem Prince George Co Md

Date Feb 3 1908

Undertaker John H Toadvine

Address 142 N Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 9144 — Registered No. B C 9144

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 723 S. Rose St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Henry Myers

{Residence, if in Baltimore, Give Street and Number.} 723 S. Rose St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 5th 1862

AGE: 45 years, 8 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Myers

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: Marine Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet A. Myers

(Address) 723 S. Rose St.

Filed 2/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 2d 1908

I HEREBY CERTIFY, That I attended deceased from ....1900.... to ....1900....

that I last saw h.... alive on ....1900....

and that death occurred, on the date stated above, at....

....11. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) .... DAYS

Con'ributory (Primary)

(DURATION) .... DAYS

(Signed) Thomas Sadler Cannon M.D.

Address 320 N Gaine St.

Date Feb 3rd 1908

Place of Burial Trinity Cemetery

Date February 3rd 1908

Undertaker H. Sadler & Sons

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 18 — C 9145 — Registered No. B C 9145

47

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John O'Connor

{Residence, if in Baltimore, Give Street and Number.} 849 Lemmon St

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	32 years, — months, — days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	John O'Connor
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Catherine Enright
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr C Rourke

(Address) 849 Lemmon St

Filed 2/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 10th 1908 to Feb. 1st 1908 that I last saw him alive on Feb 1st 1908 and that death occurred, on the date stated above, at 7.10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Sarcoma of testis

Retroperitoneal Sarcoma

Pneumonia

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Willis D. Gatch M.D.

Address Johns Hopkins Hospital

Date Feb 1st 1908

Place of Burial New Cathedral

Date Feb 4 1908

Undertaker H. C. Branning

Address 8 S Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 18 C 9146 Registered No. B C 9146

83

CERTIFICATE OF DEATH.

(Place of Death.) No. 820 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hannah Friedman

{Residence, if in Baltimore, Give Street and Number.} 820 Hollins St.

Duration of Residence in Baltimore. 28 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russ, Poland

FULL NAME OF FATHER Harris Swartzberg

BIRTHPLACE OF FATHER (State or country) Russ, Poland

MAIDEN NAME OF MOTHER Annie Swartz

BIRTHPLACE OF MOTHER (State or country) Russ Poland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lawrence Friedman

(Address) 840 Hollinsst

Filed 2/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 2. 1908

I HEREBY CERTIFY, That I attended deceased from Jany 25 1908 to Feby 1 1908 that I last saw her alive on Feby 1 1908, and that death occurred, on the date stated above, at 8 a.m. CAUSE OF DEATH (Secondary or Immediate)

Uremic Convulsion.

(DURATION) DAYS

Contributory (Primary) Purulent Phlebitis (DURATION) 6. DAYS

(Signed) M. Adelsberg M.D.

Address 1421 Fayette St.

Date Feby 2 1908

Place of Burial Hebrew Rowdale Cemetery

Date Feb. 3, 1908

Undertaker Max Levinson

Address 1620 me Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 9147 Registered No. B C 9147 M

CERTIFICATE OF DEATH.

(Place of Death.) No. 1423 E. Baltimore St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary L. Mc Cathrnie

{ Residence, if in Baltimore, Give Street and Number. } 1423 E Baltimore

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 2 1879

AGE 29 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Cathrnie

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Smith

(Address) 1423 E Baltimore St

Filed 2/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan Feb 2 1908

I HEREBY CERTIFY, That I attended deceased from Jan 28 1908 to Feb 2 1908

that I last saw h alive on Feb 1 1908,

and that death occurred, on the date stated above, at 9 30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

One month (DURATION) DAYS

Contributory (Primary.) Laryngitis (DURATION) DAYS

(Signed) C. F. Bloke M.D.

Address 1523 E Balto

Date Feb 2 1908

Place of Burial Baltimore Cem

Date Feb 5 08 1908

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

18 2 19

HEALTH DEPARTMENT

C 9148

Ward 9 C 9148 Registered No. B 77

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 Montbello ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Elizabeth A Westwood

{ Residence, if in Baltimore, Give Street and Number. } 26 Montbello ave

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: April 14. 1847

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington

FULL NAME OF FATHER: Capt. W. Fergusson

BIRTHPLACE OF FATHER (State or country): Washington

MAIDEN NAME OF MOTHER: Eliza Ferguson

BIRTHPLACE OF MOTHER (State or country): Washington

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E. Westwood.

(Address) 26 Montbello Ave

Filed 2/3 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2/2/08 190

I HEREBY CERTIFY, That I attended deceased from Jan 2 1907 to Feb 2 1908

that I last saw h[er] alive on Feb 1 1908,

and that death occurred, on the date stated above, at 2 M. CAUSE OF DEATH (Secondary or Immediate.)

[illegible]

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Phthisis Pulmonalis

about 18 months (DURATION) ..... DAYS

(Signed) Howell Leader M.D.

Address 2631 N Ky Ave

Date 2/3/08 190

Place of Burial Greenmount Cem

Date Feb 4 1908

Undertaker Wm Cook

Address 502 E. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimor

Ward 8 — C 9149 — Registered No. B C 9149

CERTIFICATE OF DEATH.

11 8

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James McGuire

{Residence, if in Baltimore, Give Street and Number.} 1609 Clifton place

Duration of Residence in Baltimore. 14 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 25 1

AGE: 14 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Patrick McGuire

BIRTHPLACE OF FATHER (State or country): W. Va

MAIDEN NAME OF MOTHER: Mary Egan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary McGuire

(Address) 1609 Clifton Place

Filed 2/3 1908 — MARY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 1 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 30 1908 to Feb. 1 1908

that I last saw h— alive on Feb. 1 1908,

and that death occurred, on the date stated above, at 11.15 a. m. CAUSE OF DEATH (Secondary or Immediate)

General peritonitis

(DURATION) 5 DAYS

Contributory (Primary.) acute gangrenous appendicitis (DURATION) — DAYS

(Signed) John F. Moore M.D.

Address St Josephs Hospital

Date Feb 1st 1908 ✓

Place of Burial Holy Cross

Date Feb 4 1908. 190—

Undertaker Murdock

Address 502 E Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 9150 Registered No. B C 9150

CERTIFICATE OF DEATH. 19

(Place of Death.) No. Old York Road near Wyanoke Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary K. Pfaff.

{Residence, if in Baltimore, Give Street and Number.} Old York Road near Wyanoke Ave.

Duration of Residence in Baltimore. 58 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White.

DATE OF BIRTH: Dec. 11 1823. 1

AGE: 84 years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Johann Noll.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Not Ynown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H.C. Pfaff.

(Address) Old York Road

Filed 2/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Jany. 27th 1908 to Feby 2nd 1908 that I last saw her alive on Feby 2nd 1908 and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Insufficiency
Syncope

(DURATION) 3 DAYS

Con'ributory (Primary.) Senility
Grippe

(DURATION) 7 DAYS

(Signed) William J. Pillsbury M.D.

Address 280 York Road

Date Feby 2nd 1908

Place of Burial Greenmount Cemetery.

Date February 4 1908. 190

Undertaker Geo. W. Little,

Address 531 N. Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, [illegible]

Ward 8 C 9151 Registered No. B C 9151

CERTIFICATE OF DEATH. 175

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georg Mueller

{Residence, if in Baltimore, Give Street and Number.} 1324 N. Dallas

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH [illegible] 1

AGE 36 years, 8 months, [illegible] days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Cecil

FULL NAME OF FATHER Adam Mueller

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Stiegel

BIRTHPLACE OF MOTHER (State or country) Cecil

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs. Ida Mueller

(Address) 1324 N. Dallas St.

Filed 2/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31st 1908

I HEREBY CERTIFY, That I attended deceased from As above 190[illegible]

that I last saw h[illegible] alive on [illegible] 190[illegible]

and that death occurred, on the date stated above, at 5:20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carbolic acid poisoning taken by mistake for Whisky, an accident

[illegible] (DURATION) [illegible] DAYS

Contributory (Primary.) [illegible]

[illegible] (DURATION) [illegible] DAYS

(Signed) [illegible] M.D. Coroner

Address 811 W. Lanvale St

Date 1/31 1908

Place of Burial Baltimore Cemetery

Date February 3rd 1908

Undertaker Henry Horde Sons

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

81

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9152

City of Baltimore, (No. 2700 Atkinson Ave St.; 12th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Adam Hahn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 22 (Day) 1867 (Year)

AGE: 40 years, 7 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: Adam Hahn

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Frey

BIRTHPLACE OF MOTHER (State or country): America

OCCUPATION OF DECEASED: Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Hahn

(Address) 2708 Atkinson ave

Filed 2/3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 2 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 30th 1908 to Feb 1st 1908 that I last saw him alive on Feb 1st 1908, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Rupture of Atheromatous Artery in Brain.

(DURATION) 3 DAYS

Contributory Dyspnoea

(DURATION) 2 DAYS

(Signed) G B Marden M. D.

Feb 2nd 1908 (Address) 2403 Maryland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: Lauden Park

DATE OF BURIAL: Feb 4th 1908

UNDERTAKER: A F Philbin

ADDRESS: 1711 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward W C 9153 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 15 S Payson St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob C Murbach

{Residence, if in Baltimore, Give Street and Number.} 15 S Payson st

Duration of Residence in Baltimore. Montana

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 7 1842

AGE 66 years, 7 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Switzerland

FULL NAME OF FATHER Murbach

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Phillipina Murbach

(Address) 15 S Payson st

Filed 2/3 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

4x Locker
Monroe Pk

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 1 1908

I HEREBY CERTIFY, That I attended deceased from March 1907 to Feb 1 1908

that I last saw him alive on Jan 31 1908

and that death occurred, on the date stated above, at 10 a m. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) 30 DAYS

Contributory (Primary.) acites

(DURATION) 8 mos.

(Signed) Lee R Gatchell M.D.

Address 725 Columbia ave

Date February 6 1908

Place of Burial London Park

Date Feb 4 1908

Undertaker H. J. Tuckwell & Son

Address Camden & Paca

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT. C 9154

Ward ..... C 9154 Registered No. B .....

CERTIFICATE OF DEATH. 56

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm E. Brooks.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: W E Brooks

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant .....

(Address) BAY VIEW ASYLUM.

Filed 2/3 1908 DANNY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 1 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 22 1908 to Feb. 1 1908

that I last saw h~~im~~ alive on Feb. 1 1908

and that death occurred, on the date stated above, at 7

P. M. CAUSE OF DEATH (Secondary or Immediate

Delirium Alcoholic

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Influenza —

..... (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Feb. 1 1908

Place of Burial Wm Oliver Cem

Date Feby 4 1908

Undertaker W. J. Tuckerdons

Address Cambridge Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY

Ward 14 Registered No. B C 9155 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edgar Bath

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Dec 7th, 1907

AGE: ..... years, 1 month, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy

(Address)

Filed 2/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31 1908

I HEREBY CERTIFY, That I attended deceased from Dec 25 1908 to Jan 31 1908

that I last saw h[illegible] alive on Jan 31 1908

and that death occurred, on the date stated above, at 6 a m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Haywood M.D.

Address 1230 N Eutaw St

Date Feb 1 1908

Place of Burial New Cathedral

Date Feb 3 1908

Undertaker Martin Fahey Jr

Address 206 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT [illegible]

Ward 14 C 9156 Registered No. B C 9156

8

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ada Davis

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH July 22 1906

AGE 1 year, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infant Asy

(Address)

Filed 2/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 30th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to Jan 30 1908 that I last saw h alive on Jan 30 1908, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio. pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Whooping Cough (DURATION) 21 DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Eutaw St

Date 1/31 1908

Place of Burial New Cathedral

Date Feb. 3rd 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City

C 9157 C 9157

Ward 14 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard Harvey

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's Infant Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Nov 10 1907

AGE: ..... years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infant Asy

(Address)

Filed 2/3 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 30 1908

I HEREBY CERTIFY, That I attended deceased from Nov 12 1907 to Jan 30 1908

that I last saw h ..... alive on ..... 190....,

and that death occurred, on the date stated above, at 11 5 M. CAUSE OF DEATH (Secondary or immediate)

Marasmus.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E H Hayward M.D.

Address 1230 N Caroline St

Date 1-31 1908

Place of Burial New Cathedral

Date Feb 3rd 1908

Undertaker Martin Gahy & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City

Ward 14 C 9158 Registered No. B C 9158

9r

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vincent Rau

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Infs. Asy

Duration of Residence in Baltimore. Eighteen

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Dec 8 1907

AGE: ..... years, 1 month, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asy

(Address)

Filed 2/3 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 8 1908 to Jan 28 1908 that I last saw h— alive on — 190—, and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio - Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E H Hayward M.D.

Address 1320 N Carlton

Date 1— 2— 190—

Place of Burial New Cathedral

Date Feb. 3rd 190—

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9159

City of Baltimore, (No. 1200 Mc Culloh St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Grace Mooney Harper

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH March 13 1873 (Month) (Day) (Year)

AGE 34 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Edw Matthews

BIRTHPLACE OF FATHER (State or country) Balti. Md.

MAIDEN NAME OF MOTHER Margaret E Waugh

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Capt. Geo. R. Harper

(Address) 1200 Mc Culloh St

Filed 2/3 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2nd 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 9th 1908 to Feb 2nd 1908 that I last saw her alive on Feb 2nd 1908, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Was taken with violent attack of Grippe Jan 9th 1908. Severe illness & delirium until Jan 18th when Typhoid fever developed. (DURATION) 16 DAYS

Contributory Grippe (DURATION) 9 DAYS

(Signed) Jno. J. Jay M.D.

Feb 2nd 1908 (Address) 816 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Druid Ridge Cem | DATE OF BURIAL Feb 4 1908

UNDERTAKER Chas. E. Frazier | ADDRESS 746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

C 9160

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 9160

Registered No. B .....

City of Baltimore, (No. 5 S. Stricker St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Barbara Ann Childs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar. 11 1833
(Month) (Day) (Year)

AGE 74 years, 10 months, 21 days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Calvert Co. Md.

FULL NAME OF FATHER Richard P. Sunderland

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Margaret M. Watson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. C. Mrs Md.

(Address) 1039 Edmondson Ave.

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 2 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1907 to Feb. 2 1908

that I last saw her alive on Feb 1 1908,

and that death occurred, on the date stated above, at 7.55 A. M. The CAUSE OF DEATH was as follows:

Chronic Bright's disease complicated with cardiac degeneration (muscular)

(DURATION) 1 years DAYS

Contributory Asthma - pneumonia

(DURATION) 3 DAYS

(Signed) D. C. Mrs M. D.

190 (Address) 1039 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt. Olivet Cem. | DATE OF BURIAL Feb 4 1908

UNDERTAKER Chas. E. Fraser | ADDRESS 746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 9161 Registered No. B C 9161 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 2218 Brunt St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frank V. McCall

{Residence, if in Baltimore, Give Street and Number.} 2218 Brunt St

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: mail | COLOR: Colred

DATE OF BIRTH: 1

AGE: 12 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Frank Mcall

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Mary Johns

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Mcdall

(Address) 2218 Brunt St

Filed 2/3 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1 1908

I HEREBY CERTIFY, That I attended deceased from Sept 20 1907 to Feby 1 1908 that I last saw h— alive on Feby 1 1908 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebro Spinal Meningitis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. A. Mellvain M.D.

Address 1303 W Lombard

Date Feby 1 1908

Place of Burial Mt Olivet

Date Feb 3 1908

Undertaker Wm J. Johnson

Address 614 E Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward 16 Registered No. B 69162

CERTIFICATE OF DEATH.

(Place of Death.) No. 1031 Vincent alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edmund Daly

{Residence, if in Baltimore, Give Street and Number.} 103 Vincent alley

Duration of Residence in Baltimore. Twenty-one years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None. (Blind)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Rollins

(Address) 100 N. Vincent Av.

Filed 2/3 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

... M. CAUSE OF DEATH (Secondary or Immediate)

Cold & Ist Pneumonia

... (DURATION) ... DAYS

Con'tributory (Primary.) Anemia

... (DURATION) ... DAYS

(Signed) Wm. Baltzein M.D.

Address 700 Lafayette Av. (Corner)

Date July 2nd 1908

Place of Burial Mt Auburn Cem.

Date July 4 1908

Undertaker Wm. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

C 9163

Ward 17

C 9163 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 E. 22nd. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Sisco

{Residence, if in Baltimore, Give Street and Number.} 10 E. 22nd. St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Dec. 18 — 1867

AGE: 40 years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Andrew J. Saulsbury.

BIRTHPLACE OF FATHER (State or country): Talbott Co. Md.

MAIDEN NAME OF MOTHER: Margaret McElmey

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. E. E. Foster

(Address) 23 E. 22nd. St.

Filed 2/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 1 1908

I HEREBY CERTIFY, That I attended deceased from Oct 5 1907 to Feb. 1 1908

that I last saw h er alive on Feb. 1 1908,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's disease

years. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James C. Clarke M.D.

Address 1731 Madison Ave

Date Feb. 7 1908

Place of Burial Greenmount Cemetery

Date Feb. 3, 1908

Undertaker Henry W Means 2nd Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO. BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C [illegible] Registered No. B C 9162

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1732 Canton Ave. C9164 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Suzane Mezaka.

{Residence, if in Baltimore, Give Street and Number.} 1732 Canton Ave

Duration of Residence in Baltimore. 18 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 90 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country)

...S ARE TRUE TO THE

...irk

...ore

...Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 3rd 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 ...

that I last saw h... alive on ..... 190 ...

and that death occurred, on the date stated above, at .....

...M. CAUSE OF DEATH (Secondary or Immediate)

Old Age.

..... (DURATION) .....

Contributory (Primary)

..... (DURATION) .....

(Signed) Thomas Judge Amon M.D

Address 320 h Greene St

Date Feby 3 " 190...

Place of Burial St Stanislaus.

Date Tuesday Feby 4 " 190...

Undertaker M J Radowski.

Address 443 S. Ann St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die ... the duty of the Physician who attended during his or her last sickness, or the Coroner, ... notice, to furnish within **eighteen hours after death**, to the Undertaker, or other ... setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether ... deceased, and the ***cause and date of death.***

C 9165

10

missing

Ward 6 C 9166 Registered No. B C 9166

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1912. W. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Imany. A. Russell.

{ Residence, if in Baltimore, Give Street and Number. } 1912. W. Castle.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 13. 1

AGE 3 mos. 9 ds. Old.
years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) 1912 W. Castle St. Balto Md.

FULL NAME OF FATHER Edward H. Russel.

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Clara. S. Castle.

BIRTHPLACE OF MOTHER (State or country) 504. Eager st.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara S. Russell

(Address) 1912 Castle St

Filed 2/3 190 5 MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2d 190 5

I HEREBY CERTIFY, That I attended deceased from Jan 10th 190 5 to Feb 2d 190 5 that I last saw h alive on Feb 2d 190 5, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary) Malnutrition (since birth.) (DURATION) DAYS

(Signed) E. N. Brannan M.D.

Address 2126 E. North Ave

Date Feb 3d 190 5

Place of Burial Baltimore Cemetery

Date Feby 4th 190 5

Undertaker W. E. Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 9167 Registered No. B C 9167

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 304 W. Franklin St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Hodges

{Residence, if in Baltimore, Give Street and Number.} 304 W Franklin St.

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white.

DATE OF BIRTH —— 1

AGE 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER Jas. Dundon.

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Bridget Stoited

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Hodges

(Address) 1147 Columbia

Filed 2/3 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2/2 1908

I HEREBY CERTIFY, That I attended deceased from 1/16 1908 to 2/1 1908

that I last saw her alive on 2/1 1908

and that death occurred, on the date stated above, at 12 35 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis.

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) L. E. Cavradi M.D.

Address 609 W. Franklin St.

Date 2/2 1908

Place of Burial New Cathedral Cem

Date Feb. 4 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 9168

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 9168

City of Baltimore, (No. 501, E 26th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wilhelmina A. Hutt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May (Month) 12 (Day) 1843 (Year)

AGE: 64 years, 8 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Schrader

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dorethea Dreyer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ferdinand W. Hutt

(Address) 501 E. 26 St.

Filed 2/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 2nd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 1908 to Feb. 2nd 1908

that I last saw h[er] alive on Feb 1st 1908,

and that death occurred, on the date stated above, at 6.30 a. m. The CAUSE OF DEATH was as follows:

Organic Heart disease

several years (DURATION) DAYS

Contributory Bright's disease. Co

some years (DURATION) DAYS

(Signed) G. E. Vogler M. D.

Feb 2nd 1908 (Address) 1325 E. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 5 1908

UNDERTAKER: Jos B Cook — ADDRESS: 1003 N Bal[timore]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 C 9169 Registered No. B C 9169

153

CERTIFICATE OF DEATH.

(Place of Death.) No. Upton alley, Lexington & Mulberry Sts (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Unknown

{Residence, if in Baltimore, Give Street and Number.} "

Duration of Residence in Baltimore. "

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: ..... years, ... months, 1 Hour days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: 6 A.M.

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/3 1908 BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2 1908

I HEREBY CERTIFY, That I attended deceased from Ad Unknown 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at about

CAUSE OF DEATH (Secondary or Immediate)

Neglect, Laudanum Poisoning, no signs of mutilation, found in a basket, dead

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gibbons coroner

M.D.

Address 211 W. Lanvale

Date Feb 3 1908

Place of Burial UNIVERSITY OF MARYLAND.

Date Feb 3 1908

Undertaker Commissioner Health. Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE

#329

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 9170 Registered No. B C 9170

CERTIFICATE OF DEATH.

31

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name David Turner

{ Residence, if in Baltimore, Give Street and Number. } Howard Co. This was as definite as we could get from him

Duration of Residence in Baltimore. Since 12/6 07

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Negro

DATE OF BIRTH: 1

AGE: 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Farm Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/3 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31 1908

I HEREBY CERTIFY, That I attended deceased from Dec 6 1907 to Jan 31 1908 that I last saw h— alive on Jan 31 1908 and that death occurred, on the date stated above, at ——M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure

(DURATION) DAYS

Con'tributory (Primary.) Dy Tuberculosis

(DURATION) DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date Feb 3 1908

Place of Burial UNIVERSITY OF MARYLAND

Date Feb 3 1908

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

#325

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 10 C 9171 Registered No. B C 9171

CERTIFICATE OF DEATH. 1

(Place of Death.) No. 1104 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred Marie Allard

{ Residence, if in Baltimore, Give Street and Number. } 1104 E. Eager St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 18th 1905

AGE 2 years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Francis E Allard

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Marie B. Key

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1104 E. Eager St.

Filed 2/3 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 3 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 13 1908 to Feb 3 1908

that I last saw h-- alive on Feb 3 1908,

and that death occurred, on the date stated above, at 8 a m. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis.

(DURATION) 2 DAYS

Contributory (Primary.) Scarlatina

(DURATION) 21 DAYS

(Signed) Wm. L. Todd M.D.

Address 1202 E. Monument St.

Date Feb 3 1908

Place of Burial Greenmount Cemetery

Date February 4th 1908

Undertaker Henry Hoeckstaw

Address 1301 E Eager St

10 A M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9172 Registered No. B C 9172

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 1111 Barclay St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bridget Graig.

{ Residence, if in Baltimore, Give Street and Number. } 1111 Barclay St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH — 1854.

AGE 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Miss B. Nolan

(Address) 717. N. Charles St

Filed 2/3 1908

HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 2nd 1908

I HEREBY CERTIFY, That I attended deceased from about Dec 1907 to Feby 2nd 1908

that I last saw her alive on Dec 15th 1908

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 6 DAYS

Contributory (Primary) Gastro Enteritis

(DURATION) about 180 DAYS

(Signed) Chas. Reynolds M.D.

Address 809 N Charles St

Date Feby 3rd 1908 190

Place of Burial St Mary's Cem Co

Date February 4th

Undertaker Daniels and M.G. Fry

Address 412 E Fayette Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 9173 Registered No. B C 9173

CERTIFICATE OF DEATH. 17.

(Place of Death.) No. 1604 Laburb St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Williams

{Residence, if in Baltimore, Give Street and Number.} 1604 Laburb St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH Jan 6 1869

AGE 39 years, ____ months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto City.

FULL NAME OF FATHER John Hamilton

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Fannie Miller

BIRTHPLACE OF MOTHER (State or country) Balto City.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Williams

(Address) 1604 Laburb St

Filed 1/4 1908 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 3 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Feb 3 1908 that I last saw h[er] alive on Feb 2 1908, and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis
Exhaustion

Tuberculosis about 7 mos (DURATION) DAYS

Contributory (Primary.) Exhaustion about 1 month (DURATION) DAYS

(Signed) E. A. Munoz M.D.

Address 1801 Guilford Ave

Date February 3 1908

Place of Burial St Peters Cemetery

Date Feb. 5th 1908

Undertaker Felix B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7D C 9174 Registered No. B C 9174

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 123 W. Oxford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evelyn Virginia Gessler

{ Residence, if in Baltimore, Give Street and Number. } 123 W. Oxford St

Duration of Residence in Baltimore. 16 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Oct 10th 1906

AGE ..... years, 15 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Lewis Gessler

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Mary Frances Patterson

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Gessler

(Address) 123 W. Oxford St

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb 2 1908 to Feb 2 1908 that I last saw her alive on Feb 2 1908 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Convulsions (DURATION) 1/2 DAY

(Signed) J. F. Jones M.D.

Address 1235 N. Lafayette Ave

Date Feb 2 1908

Place of Burial Gordon Park Cemetery

Date ~~Jan~~ February 4 1908

Undertaker Edw. I. Fanning

Address 460 Battery Ave

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 9175 Registered No. B C 9175

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 570 N. Presstman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alfred J. Bailey

{Residence, if in Baltimore, Give Street and Number.} 570 N. Presstman St.

Duration of Residence in Baltimore. 62 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR Col.

DATE OF BIRTH 1

AGE 82 years, mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mary B. Adams

Address 570 Presstman

Filed 2/4 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 2, 1908.

I HEREBY CERTIFY, That I attended deceased from Jan 30 1908 to Feb 2 1908 that I last saw h-- alive on Feb 1, 1908 and that death occurred, on the date stated above, at 9:30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy (DURATION) 4 DAYS

Contributory (Primary) Senility —

(DURATION) DAYS

(Signed) Wm. N. Wright M.D.

Address 1373 N. Caroline St

Date Feb. 2 1908.

Place of Burial Greenlawn

Date Feb 3 1908

Undertaker R. A. Elliott.

Address 516 Regester Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C 9176 Registered No. B C 9176

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 237 S. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Milton Hogan

{Residence, if in Baltimore, Give Street and Number.} 237 S. Bethel st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	Black
DATE OF BIRTH	Nov. 27th 1907
AGE	years, 2 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Levy Hogan
BIRTHPLACE OF FATHER (State or country)	N. Ca.
MAIDEN NAME OF MOTHER	Ida Jones
BIRTHPLACE OF MOTHER (State or country)	N. Ca.
OCCUPATION OF DECEASED	-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Ida Hogan

(Address 237 S. Bethel

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1908 to Feb. 2nd 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) Same

(DURATION) DAYS

(Signed) L. Dinnis M.D.

Address 1735 Bank St

Date Feb. 2nd 1908

Place of Burial Asbury

Date Feb 4 1908

Undertaker Ratliff

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C 9177 Registered No. B C 9177

CERTIFICATE OF DEATH. 90

(Place of Death.) No. 1412 Orleans Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Antonino Pistorio

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 30 of November 1906

AGE ..... years, 14 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Antonino Pistorio

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Rosina Pistorio

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Octavia Di Mateo

(Address) 207 S. Wolfe St.

Filed 2/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3 February 1908

I HEREBY CERTIFY, That I attended deceased from 31 January 1908 to 3 February 1908 that I last saw h[illegible] alive on 3 Febry 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Joseph Bowman M.D.

Address 204 N Greenmount

Date 190

Place of Burial St Vincents Cemetery

Date Feb. 4th 1908

Undertaker Germanus Tirance

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9178 Registered No. B C 9178

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 246 St. N. Rose (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Giuseppe Butta

{Residence, if in Baltimore, Give Street and Number.} 246 N. Rose St

Duration of Residence in Baltimore. 14 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: — 1818

AGE: 90 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: John Butta

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Octavia Di Mateo

(Address) 207 S Wolfe St.

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1908 to Feb 2 1908

that I last saw h— alive on Feb 2 1908

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. Valentano M.D.

Address 166 Broadway

Date Feb 2 1908

Place of Burial Holy Redeemer Cemetery

Date February 4th 1908

Undertaker Germanus Thanz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 9179 Registered No. B C9179 79

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Celia Johnson

{Residence, if in Baltimore, Give Street and Number.} 506 Gough

Duration of Residence in Baltimore. 2

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH June 1879

AGE 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Patrick Johnson

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Stafford

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Johnson

(Address) 506 Gough St

Filed 2/4 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 3 1908

I HEREBY CERTIFY, That I attended deceased from Jan 29 1908 to Feb 3 1908

that I last saw h[illegible] alive on Feb 3 1908,

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease
Broken Compensation.

(DURATION) — DAYS

Contributory (Primary.) [illegible]

(DURATION) DAYS

(Signed) W W Eaker M.D.

Address Balto City Hosp

Date Feb 3 1908

Place of Burial New Cathedral

Date Feb. 5 1908

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 9180 Registered No. B C 9180

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 865 Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Matthews

{ Residence, if in Baltimore, Give Street and Number. } 865 Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Matthews

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Jones

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Matthews

(Address) 865 Bond St

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1 1908

I HEREBY CERTIFY, That I attended deceased from Jan 31 1908 to Feb 1 1908 that I last saw him alive on Jan 31 1908, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Bronchitis

(DURATION) 7 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) T. Howard M.D.

Address 939 W Fayette St

Date Feb 4 1908

Place of Burial Mt. Auburn Cemetery

Date Feb 4 1908

Undertaker John A Goodwin

Address 142 W Hull St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3

Registered No. B C 9181

137

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosalia Baczkowska

{Residence, if in Baltimore, Give Street and Number.} 1528 Thames st

Duration of Residence in Baltimore. 4 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER John Baczkowski.

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Gutowski

(Address) 1028 Thames

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 3 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1 1908 to Feb 3 1908

that I last saw h alive on Feb 3 1908,

and that death occurred, on the date stated above, at 12 a.m. noon

M. CAUSE OF DEATH (Secondary or Immediate.)

Puerperal Septicaemia

(DURATION) 7 DAYS

Contributory (Primary.) Metritis

Peritonitis (DURATION) 7 DAYS

(Signed) J. O'Connor M.D.

Address St Joseph's Hosp

Date Feb 3 1908

Place of Burial Holy Rosary

Date Feb 5 1908

Undertaker Jacob Fiallowski

Address 428 S Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — C 9182 Registered No. B C 9182

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 1530 Boyle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann Scheels

{Residence, if in Baltimore, Give Street and Number.} 1530 Boyle St

Duration of Residence in Baltimore. 6yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH May 1827.

AGE 80 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Prince George Comty

FULL NAME OF FATHER Benjamin F. Scheels

BIRTHPLACE OF FATHER (State or country) Prince George Co.

MAIDEN NAME OF MOTHER Mary A. Jacobs

BIRTHPLACE OF MOTHER (State or country) Prince Georges Co.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Scheels

(Address) 1530 Boyle st.

Filed 2/4 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1908

I HEREBY CERTIFY, That I attended deceased from January 26 1908 to July 1 1908

that I last saw her alive on July 1 1908,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) W. S. Smith M.D.

Address 538 Hanover St.

Date July 3 1908

Place of Burial Cedar Hill

Date Feb 4 1908

Undertaker J. D. Stuntz & Co.

Address 318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 22 C 9183 Registered No. B C 9183

88

CERTIFICATE OF DEATH.

(Place of Death.) No. 1825 Mosphal Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Kleinsmith.

{ Residence, if in Baltimore, Give Street and Number. } 1825 Mosphal Place

Duration of Residence in Baltimore. 14 Mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: Nov 1906

AGE: ..... years, 14 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Frderick Kleinsmith

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Clardy

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frdk Kleinsmith.

(Address) 1825 Mosphal St.

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 4th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 2 1908 to Feb 3 1908 that I last saw him alive on Feb 3 1908, and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia.

(DURATION) ..... DAYS

Contributory (Primary.) Acute Laryngitis (DURATION) 3 DAYS

(Signed) Frank J Doyle M.D.

Address 611 E. Fort Ave

Date Feb. 4 — 1908.

Place of Burial Cedar Hill

Date Feb 6 th 1908

Undertaker Jos. Stuntebeck

Address 1818 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 9184 Registered No. B C 9184

56

CERTIFICATE OF DEATH.

(Place of Death.) No. 425 W. Pratt St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Thomas J. Nolan

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Most of life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wht

DATE OF BIRTH: July 30th 1854

AGE: 53 years, 6 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Thomas Nolan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Riely

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Produce dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Jos F Nolan

(Address) 411 Royal & Hoffman St

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 4th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to Feb 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy due to Alcoholism,

(Contributory on floor)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Gilchrist Coroner M.D.

Address 711 W. Lanvale

Date Feb 4th 1908

Place of Burial Southwestern

Date Feb 5th 1908

Undertaker A. F. Rhiel

Address 1711 Edmondson

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 9185 Registered No. B C 9185

CERTIFICATE OF DEATH. 10

(Place of Death.) No. 579 E Clement St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emelie Albitz

{ Residence, if in Baltimore, Give Street and Number. } 579 E Clement St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Bartlet Albitz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kate Miller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Albitz

(Address) 519 E Clement

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1 1908

I HEREBY CERTIFY, That I attended deceased from Jany 3 1908 to Feb 1 1908 that I last saw h[illegible] alive on Feb 1 1908, and that death occurred, on the date stated above, at 5 00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Erisipe

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward Smith M.D.

Address 528 Hanover St

Date Feby 2 1908

Place of Burial Westron Cemetery

Date February 4 1908

Undertaker J E Evans & Son

Address 1428 S Charles St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 9186 Registered No. B C 9186

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 231. N Appleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah E Egan

{ Residence, if in Baltimore, Give Street and Number. } 231. N Appleton

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH abt 4 1831

AGE 76 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Gilmore

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Egan

(Address) 2312 Appleton St

Filed 2/4 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb - 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Jan 30 1907 to Feb-3 1908

that I last saw her alive on Feb-2 1908,

and that death occurred, on the date stated above, at 6 a m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary) La Grippe

(DURATION) 10 DAYS

(Signed) W F Gorsuch M.D.

Address 207 N Liberty St.

Date Feb-4 1908

Place of Burial Balto. Cemetery

Date Feb. 4th. 1907

Undertaker R. J. Turner

Address 1442 N. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C 9187 Registered No. B C 9187

CERTIFICATE OF DEATH.

(Place of Death.) No. 1515 N Patterson Park Ave St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christian Smith Sr

{Residence, if in Baltimore, Give Street and Number.} 1515 N Patterson Park Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH Dec 10 1853

AGE 54 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Christian Smith

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Gardener

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant C Smith Jr

Address 1515 N Patterson Park Ave

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 2 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to Feb 2 1908 that I last saw him alive on Feb 1 1908, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

Indefinite (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Gross M.D.

Address 909 Eutaw

Date Feb 4 08 1907

Place of Burial Baltimore Cemetery

Date Feb 5th 1908

Undertaker R. J. Turner

Address 1442 N Broadway.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9188 Registered No. B ..... C 9188

CERTIFICATE OF DEATH.

(Place of Death.) No. 2503 Canton ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Mc Elwee

{Residence, if in Baltimore, Give Street and Number.} 2503 Canton ave.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR w

DATE OF BIRTH Nov 17 1829

AGE 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER [illegible]

BIRTHPLACE OF FATHER (State or country) [illegible]

MAIDEN NAME OF MOTHER [illegible]

BIRTHPLACE OF MOTHER (State or country) [illegible]

OCCUPATION OF DECEASED Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Hutton

(Address) 2503 Canton ave

Filed 2/4 1908

HENRY O. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 3 1905

I HEREBY CERTIFY, That I attended deceased from Jan 1 1905 to Feb 3 1905

that I last saw him alive on Feb 1 1905

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senile Gangrene

Bronchitis

(DURATION) 1 mo. DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) F L Blades M.D.

Address 1432 N Gay

Date Feby 3 1905

Place of Burial Mt. Carmel

Date Feb 5 1905

Undertaker Ralph J Feener

Address 1422 N. Gay.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 9189 Registered No. B C 9189

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 818 William St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Sarah A. Wootters.

{Residence, if in Baltimore, Give Street and Number.} 818 Williams St,

Duration of Residence in Baltimore. 2. yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH March 7 1825

AGE 82 years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER Samuel Hughlett.

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. H. Hunter

(Address) 818 William st

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 2 1908

I HEREBY CERTIFY, That I attended deceased from Jan 28 1908 to Feb 2 1908 that I last saw h[e] alive on Feb 2 1908 and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate

General Debility.

(DURATION) DAYS

Contributory (Primary) Heart Failure

(DURATION) DAYS

(Signed) J. M. Dallett M.D.

Address 623 Columbia ave

Date Feb. 4 1908

Place of Burial Balto. Cemetery

Date Feb 5 1908

Undertaker Cemetery Decorating Co

Address 715-17 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 9130 Registered No. B C 9130

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 118 N Chapel St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Madelina Bell

{Residence, if in Baltimore, Give Street and Number.} 118 N Chapel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 43 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jno Smith

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Octavia Williams

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Husband

(Address) 118 N. Chapel

Filed 2/4 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 2. 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred'k Camalier M.D.

Address Coroners Office

Date Feb 3 08 190

Place of Burial Mt Zion

Date Feb 5 190 8

Undertaker R. A. Elliott

Address 1126 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward D C 9191 Registered No. B C 9191

1 20

CERTIFICATE OF DEATH.

(Place of Death.) No. 403 N. Ann St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lehmkes Sauerland

{ Residence, if in Baltimore, Give Street and Number. } 403 N. Ann St.

Duration of Residence in Baltimore. 67 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 6 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Sauerland

(Address) 403 N. Ann

Filed 2/4 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cr. Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Fredk Carter M.D.

Address Coroner's Office

Date Feb 1 - 08 190

Place of Burial Baltimore

Date 2/4/08 190

Undertaker J. Henrig & Son

Address 908 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 9192 Registered No. B C 9192

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 8. S. Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael McInerney

{ Residence, if in Baltimore, Give Street and Number. } 8. S. Monroe St.

Duration of Residence in Baltimore. 35 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1848

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John McInerney

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Kate Cussack.

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John McInerney

(Address) 8 S Monroe St

Filed 2/4 8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 3d 1908

I HEREBY CERTIFY, That I attended deceased from Jany 7 1908 to Feb. 3 1908 that I last saw him alive on Feb 2 1908, and that death occurred, on the date stated above, at 11.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pul. Tuberculosis

(DURATION) 49 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1315 Hollins St.

Date Feb. 3 1908

Place of Burial St Peters

Date Feb 6 1908

Undertaker John F Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 Registered No. B C 9193

C 9193

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 209 N Amity St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H Murphy

{Residence, if in Baltimore, Give Street and Number.} 209 N. Amity

Duration of Residence in Baltimore. 25 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 36 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas Murphy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Connolly

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Thomas Murphy

(Address 209 N Amity St

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

Dr Cound

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 4 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1908 to Feb. 4 1908 that I last saw h- alive on Feb. 3 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia
Pulmonary attack
La Grippe
Two weeks (DURATION) DAYS

Contributory (Primary.) Delirium (DURATION) DAYS

(Signed) J. L. Cound M.D.

Address 1302 W. Lombard St

Date Feb 4 1908

Place of Burial Cathedral Cemetery

Date Feb 7th 1908

Undertaker John J Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 9194 Registered No. B C 9194

CERTIFICATE OF DEATH.

(Place of Death.) No. 1217 Hollins st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles J Creagh

{ Residence, if in Baltimore, Give Street and Number. } 1217 Hollins st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 27 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Michael Creagh

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Hannah Bane

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Creagh

(Address) 1217 Hollins st

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 2 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Feb 2 1908 that I last saw him alive on Feb 1 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) J. E. Bonnet M.D.

Address 1302 W. Lombard st

Date Feb 2 1908

Place of Burial Cathedral Cemetery

Date Feb 5th 1908

Undertaker John F. Cowan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C 9195

C 9195

CERTIFICATE OF DEATH.

40

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ludwick Zerkenbach

{Residence, if in Baltimore, Give Street and Number.} 2120 Fine St {Zerkenbach}

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: July 4th 1834

AGE: 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 2. 1908

I HEREBY CERTIFY, That I attended deceased from June. 18 1907 to Feb. 2. 1908

that I last saw h~~im~~ alive on Feb. 2 1908

and that death occurred, on the date stated above, at 405 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia. 2 hours

(DURATION) DAYS

Contributory (Primary) Carcinoma of Liver

(DURATION) DAYS

(Signed) Roth-P Bay M.D.

Address Bay View

Date Feb. 9 1908

Place of Burial Loudon Park Cemetery

Date Wednesday January 5th 1909

Undertaker F. B. Wippett

Address 1 Frederick Ave. Epstd

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W Registered No. B C 9196 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 106 Pearl Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Filomena Perrone

{Residence, if in Baltimore, Give Street and Number.} Lifetime

Duration of Residence in Baltimore. Baltimore

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1st January 1908

AGE: ___ years, ___ months, 4 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: ___

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Rosario Perrone

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Concetta Marigla

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosario Perrone

(Address) 106 Pearl St.

Filed 2/4 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3 February 1908

I HEREBY CERTIFY, That I attended deceased from 1 Febry 1908 to 3 Febry 1908 that I last saw h[illegible] alive on 3 Febry 1908, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility.

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Joseph Barrano M.D.

Address 20 E. Greene St

Date 190

Place of Burial St Vincents

Date FEB 4 - 1908 190

Undertaker J. Ahrens & Co

Address 754 Hanlaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9197 Registered No. B ..... C 9197

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 613 / Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas R. Atwell

{ Residence, if in Baltimore, Give Street and Number. } ~~Life~~ 613 / Bradford St

Duration of Residence in Baltimore.. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH Sept. 14th 1840

AGE 67 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Kummele

(Address) 613 S. Bradford St.

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1907 to July 2 1908

that I last saw h wife alive on July 2 1908,

and that death occurred, on the date stated above, at 8-45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Liver

(DURATION) 6 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) John Rath M.D.

Address 607 Eastern Ave

Date July 3 1908

Place of Burial N. W. Cem. Comet

Date Feb. 5 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12a C 9198 Registered No. B C 9198

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 1908 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Drue J Novak

{Residence, if in Baltimore, Give Street and Number.} 1908 Canton Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 23 1908

AGE ..... years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Peter Novack

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Minnie Lohn

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Novack

(Address) 1908 Canton Ave

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 3, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 23 1908 to Feb 3, 1908 that I last saw h[illegible] alive on Jan 30 1908, and that death occurred, on the date stated above, at 430 A M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) Geo Keller M.D.

Address 1937 Gough St

Date Feb 3 1908

Place of Burial Evangelical

Date Feb. 4 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 25 ward 11 — C 9199 — Registered No. B C 9199

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Maggie Baum

{Residence, if in Baltimore, Give Street and Number.} 2012 Payson St.

Duration of Residence in Baltimore. 47 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 28 March 1860

AGE 47 years, 10 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Geo Miller

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER M. Miller

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christen Baum

(Address) 2012 N Payson

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20 1908 to Feb. 3rd 1908

that I last saw her alive on Feb 3rd 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Tuberculosis Fever.

(DURATION) DAYS

(Signed) Geo. M. Shaw M.D.

Address Md. Genl Hosp.

Date Feb. 3rd. 1908

Place of Burial Loudon Park

Date Feb 6 1908

Undertaker Josiah Syfer

Address 1600 W Baltimore Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9200 Registered No.. B ..... C 9200

CERTIFICATE OF DEATH. 56

(Place of Death.) No. Bay View asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Wm. S. Cannon

{Residence, if in Baltimore, 'Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White.

DATE OF BIRTH: ..... 1 .....

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing.

BIRTHPLACE (State or country): Balto -

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Butch Cuyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/4 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 31 1908

I HEREBY CERTIFY, That I attended deceased from Aug 28 1907 to Jan 31 1908 that I last saw h alive on Jan 31 1908 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion.

(DURATION) DAYS

Contributory (Primary) Alcoholic Dementia (DURATION) DAYS

(Signed) Robt. F. Bay, M.D.

Address Bay View

Date Feb. 1 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 3 - 1908 190

Undertaker Geo. Thomsson

Address 1805 Fobe St

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES.

3 2 6

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 9201

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

64

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9201

City of Baltimore, (No. 604 N Madeira St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isabella Barklay.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Negro

DATE OF BIRTH: ..... (Month) ..... (Day) 1855 (Year)

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John H Buck

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Anna Jones

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) John H Buck

(Address) 1804 N Dallas

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 2 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 29 1907 to Feb 2 1908

that I last saw h cr alive on Feb 2 1908,

and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 2 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Samuel J. Klug. M. D.

Feb 3 1908 (Address) 2309 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Feb 4th 1908

UNDERTAKER: Chas. G Bailey — ADDRESS: 1727 Fitzwood St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9202

City of Baltimore, (No. 1418, Eutaw Place Balto. Md. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Odell Macon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 4th 1871 (Month) (Day) (Year)

AGE: 36 years, 8 months, 6 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Chicago Ill

FULL NAME OF FATHER: James W. Odell

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: Mary Ann Rice

BIRTHPLACE OF MOTHER (State or country): Buffalo N.Y.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Odell

(Address) Chicago Ill

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 4th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 25th 1908 to Feby 4th 1908 that I last saw her alive on Feby 3rd 1908, and that death occurred, on the date stated above, at 6 a M. The CAUSE OF DEATH was as follows:

Carcinoma Cervix Uteri

Six months (DURATION) DAYS

Contributory Meningeal Metastases (DURATION) DAYS

(Signed) H. Warren Buckler M.D.

Feby 4 1908 (Address) 806 Cathedral

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Unknown How long at Place of Death? [illegible] Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Millerton N.Y. DATE OF BURIAL: Feb 5 1908

UNDERTAKER: Stewart & Bowen Co ADDRESS: 216 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 15 C 9203 Registered No. B C9203 93

CERTIFICATE OF DEATH.

(Place of Death.) No. N W Cor Thirteenth St and Walbrook Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Calvin Jacobbing King

{ Residence, if in Baltimore, Give Street and Number. } N W Cor Walbrook Ave and 13th St

Duration of Residence in Baltimore. Entire life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 24 1894

AGE 13 years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Harry Calvin King

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Echoat Elsman

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Calvin King

(Address) 13th St and Walbrook Ave

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Jan 30th 1908 to Feb 3rd 1908 that I last saw h in alive on Feb 3rd 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Embolism with Cardiac Collapse

(DURATION) DAYS

Contributory (Primary) Pneumonia

with Emp (DURATION) 8 DAYS

(Signed) [illegible] Eggard M.D.

Address 829 N. Eutaw St

Date February 4th 1908

Place of Burial Green Mt Cemetery

Date Feby 5 1908

Undertaker Stewart Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 9204 Registered No. B C 9204

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 7 E. Hughes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Thomas 6.

{ Residence, if in Baltimore, Give Street and Number. } 7 E. Hughes St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Don't know

AGE 25 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER James Thomas 6

BIRTHPLACE OF FATHER (State or country) Calvert Co Md.

MAIDEN NAME OF MOTHER Rebecca Gross 6

BIRTHPLACE OF MOTHER (State or country) Calvert Co Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Reed (mother) 6

(Address) 7 E Hughes St

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 2 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. McEwen M.D.

Address Coroner

Date February 5 1908

Place of Burial Mt auburn Cemetery

Date Feb 4 1908

Undertaker John H Jacobsen

Address 1142 W Lillash

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

91

C 9205

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 860 ; Laborg St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lizzie Bourdley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Dark

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 35 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: James Bourdley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Woodley

(Address) 860 Laborg St

Filed Feby 4 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 31 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 26 1908 to ..... 190.....

that I last saw her alive on Jan 26 1908,

and that death occurred, on the date stated above, at 5:15 M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

2 or 3 days (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) J. Iles Smith M. D.

Feb 1 1908 (Address) 717 N Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel county — DATE OF BURIAL: Feb 4 1908

UNDERTAKER: John H Toudum — ADDRESS: 642 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 9206 Registered No. B ..... C 9206

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 1320 Eutaw Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anton Ernest Dammann

{Residence, if in Baltimore, Give Street and Number.} 1320 Eutaw Place

Duration of Residence in Baltimore. 10 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jany 4th 1826

AGE 82 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed.

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER William Dammann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mevis Dammann

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. L. M. Dammann

(Address) 1320 Eutaw Place

Filed 2/4 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 2. 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1907 to Feb. 2. 1908

that I last saw him alive on Feb. 2. 1908,

and that death occurred, on the date stated above, at 1150 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Atheroma, Weak Heart and Edema Lungs

..... (DURATION) ..... DAYS

Contributory (Primary.) Arterio Sclerosis

..... (DURATION) ..... DAYS

(Signed) Thos. F. McCormick M.D.

Address 1421 Eutaw Place

Date Feb. 3. 1908

Place of Burial New Cathedral Cem

Date Feby 5th 1908 190

Undertaker Howe Jenkins & Sons Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 9207

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 2715 Atkinson Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christopher Marksey

{Residence, if in Baltimore, Give Street and Number.} 2715 Atkinson Av

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 83 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Fuller

(Address) 2715 Atkinson Av

Filed 2/14 1908

MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1908 to Feb 3rd 1908 that I last saw him alive on Feb 3rd 1908, and that death occurred, on the date stated above, at 11.15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

E. Lauriston

Senile Bronchitis (DURATION) 2 DAYS

Contributory (Primary.) Paralysis (DURATION) 1 DAYS

(Signed) J. A. Richardson M.D.

Address 1112 W. 25th St.

Date February 4th 1908

Place of Burial Boring Sta Balto Co Md

Date Feb. 6 1908

Undertaker Wm Cook

Address 1012 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 9208 Registered No. B

C 9208

CERTIFICATE OF DEATH.

(Place of Death.) No. 13 S Schroeder St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza A. Eubert

{Residence, if in Baltimore, Give Street and Number.} No 13 S. Schroeder st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: October 22nd 1849

AGE: 58 years, 3 months, 12 days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: dont Know

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: dont Know

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H Eubert Son

(Address) 13 S. Schroeder st

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 3. 1908

I HEREBY CERTIFY, That I attended deceased from Jan 31 1908 to Feb 3 1908

that I last saw h- alive on Feb 3 1908,

and that death occurred, on the date stated above, at 1145 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema.

(DURATION) 2 DAYS

Contributory (Primary.) Cardiac Dilatation,

(DURATION) 4 DAYS

(Signed) M. L. Todd M.D.

Address 1202 E. Monument st.

Date Feb 3 1908

Place of Burial Baltimore Cemetery

Date February 6th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9203 Registered No. B C9209 93

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Gilmore Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anton Korber

{Residence, if in Baltimore, Give Street and Number.} 892 W. Baltimore

Duration of Residence in Baltimore. ~~Dont know~~ 18 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 30th 1872

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Anton Korber

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dorothea

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Shoe Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Kreinert

(Address) 325 Woodyear St

Filed 2/4 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2 1908

I HEREBY CERTIFY, That I attended deceased from Jan 19 1908 to Feb 2 1908 that I last saw him alive on Feb 2 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) ... DAYS

Contributory (Primary.) Pneumonia (DURATION) ... DAYS

(Signed) A. T. Von Adlerfluegel M.D.

Address 1656 W. Gilmore

Date Feb. 2 1908

Place of Burial Western Cemetery

Date Feb 5th 1908

Undertaker Geo Leinbach & Son

Address 647 N Pratt St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17th C 9210 Registered No. B C 9210

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 506 S. Wolf St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Andrew Golczynski

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH 1854

AGE 49 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Golczynski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Victoria Laseinska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mattie Golczynska

(Address) 506 S. Wolf St

Filed 2/4 190 8

HARRY C. ANDREWS, PERMIT CLERK, Registrar

Over

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 3rd 1908

I HEREBY CERTIFY, That I attended deceased from December 22 1907 to January 30 1908 that I last saw h[illegible] alive on January 30 1908, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

(DURATION) 60 DAYS

Contributory (Primary.) Cardiac

Insufficiency (DURATION) 20 DAYS

(Signed) S. J. Szumalski M.D.

Address 722 S. Ann St

Date February 3rd 1908

Place of Burial St Stanislaus

Date Thursday Feby 6th 1908

Undertaker M. J. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

GENERAL AFFIDAVIT.

State of Maryland, Baltimore City, to wit:

BE IT REMEMBERED, That this eight day of February A. D. 190 8, before me, the subscriber a Justice of the Peace of the said State, in and for the City aforesaid. personally appeared Mary Gokczynski. widow of Andrew Golczynski, residing at # 506 S. Wolfe Street, Baltimore City, and made oath in due form of law that she to her best knowledge and belief knows that when her late husband joined the National Polish Alliance he was forty three years old, and that the death certificate issued by the Health Department is not correct, he her late husband being only forty nine years of age instead of fifty three years old as stated by the Health Department.

Marie Golczynska

Subscribed and sworn to before me this 8th, day of February 1908.

Simon L. Felbs J.P.

Ward 15 Registered No. B C 9211

C 9211

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 236 Delwood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James H. Francis

{ Residence, if in Baltimore, Give Street and Number. } 236 Delwood Ave

Duration of Residence in Baltimore. 36 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 22 — 1817

AGE: 90 years, 11 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm Francis

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Betsy Hancock

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel A. Ryan

(Address) 236 Delwood Ave

Filed 2/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Feb 1 1908

that I last saw h alive on Feb 1 1908

and that death occurred, on the date stated above, at 3 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old Age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D W Smith M.D.

Address 206 - 3rd ave

Date Feb 4th 1908 190

Place of Burial St. Mary's-Hampden

Date February 5 1908

Undertaker Horace Burgee

Address 2631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 9212 — Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 524 Robert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas L Croxton

{Residence, if in Baltimore, Give Street and Number.} 524 Robert St

Duration of Residence in Baltimore. 16 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ——— 1

AGE 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Robert H. Croxton

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Harriet A. Garrison

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Trainman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt A. Croxton

(Address) Virginia

Filed 2/4 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from Jan 29 1908 to July 2 1908

that I last saw h— alive on July 2 1908

and that death occurred, on the date stated above, at 8.50 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J A Melvin M.D

Address 1303 N North ave

Date July 2 1908

Place of Burial Ozana, Essex Co., Va.

Date February 5 1908

Undertaker Alex. Hensley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C 9213 106

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Funk

{ Residence, if in Baltimore, Give Street and Number. } Little Sisters of the Poor

Duration of Residence in Baltimore. Not known

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: 1822

AGE: 86 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Adam Seeger

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Marie Seeger

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed Feb 5 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 4th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on January 25 1908,

and that death occurred, on the date stated above, at 2 a. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea

3 weeks (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date July 4 1908

Place of Burial Holy Redeemer Cemetery

Date February 5 1908

Undertaker Henry Hoerle & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 9214

45

CERTIFICATE OF DEATH.

(Place of Death.) No. 1336 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Estes Young

{Residence, if in Baltimore, Give Street and Number.} 1336 Druid Hill Ave

Duration of Residence in Baltimore. 24 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Charles Co Md

FULL NAME OF FATHER: Henry Short

BIRTHPLACE OF FATHER (State or country): Charles Co Md

MAIDEN NAME OF MOTHER: Catherine Dorsie

BIRTHPLACE OF MOTHER (State or country): Charles Co Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Mcabee

(Address) 1336 Druid Hill ave

Filed Feb 5 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 4 1908

I HEREBY CERTIFY, That I attended deceased from Feb 3 1908 to Feb 4 1908

that I last saw her alive on Feb 4 1908

and that death occurred, on the date stated above, at 4 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of uterus

bladder

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Hereditary

..... (DURATION) ..... DAYS

(Signed) T S Thurston M.D.

Address 1202 Druid Hill Ave

Date Feb 4 1908

Place of Burial Cokes Sta. Charles Co. Md

Date Feb 5th 1908

Undertaker Felix B. Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 9215 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. Md General Hospital " St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Anderson "

{ Residence, if in Baltimore, Give Street and Number. } 241 Richmond St "

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — 1 —

AGE 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emanuel Wilmore

(Address) 426 N Eden St

Filed 2/5 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb 2 1908 to Feb 2 1908 that I last saw her alive on Feb 2 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) DAYS

Contributory (Primary.) Lobar Pneumonia " (DURATION) 5 DAYS

(Signed) W. W. Bowyer M.D.

Address Md. Gen. Hosp.

Date Feb. 2 1908

Place of Burial Laurel

Date Febuary 5 1908

Undertaker R. J. Elliott

Address 372 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9216

City of Baltimore, (No. 1613 Edmondson Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lawrence D Ebert,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan (Month) 4 (Day) 1877 (Year)

AGE: 31 years, — months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Frederick Md

FULL NAME OF FATHER: John Wm Ebert

BIRTHPLACE OF FATHER (State or country): Frederick Md

MAIDEN NAME OF MOTHER: Emma Elizabeth Staley

BIRTHPLACE OF MOTHER (State or country): Frederick Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

(Informant) Lawrence D Ebert

(Address) 1613 Edmondson

Filed 2/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 21 1907 to Feb 3rd 1908 that I last saw him alive on Feb 2nd 1908, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis.

(DURATION) ..... DAYS

Contributory Asthenia

(DURATION) 3 DAYS

(Signed) C B Freeman M. D.

Feb 3 1908 (Address) 643 Columbia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Frederick Md

DATE OF BURIAL: Feb 6 1908

UNDERTAKER: Jos B Cook

ADDRESS: 1103 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 C 9217 Registered No. B 102

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles C Wallace

{Residence, if in Baltimore, Give Street and Number.} 821 Hopkins ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 28th 1851

AGE: 56 years, 7 months, 5 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Horatio Wallace

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa

MAIDEN NAME OF MOTHER: Elizabeth Tomlin

BIRTHPLACE OF MOTHER (State or country): Philadelphia Pa

OCCUPATION OF DECEASED: Coal & Wood dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sydney P. Wallace

(Address) 821 Hopkins ave

Filed 2/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 2 1908

I HEREBY CERTIFY, That I attended deceased from Jan 30, 1908 to Feb. 2 1908 that I last saw h[illegible] alive on Feb. 2 1908, and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure.

(DURATION) DAYS

Contributory (Primary.) Stictures of Oesophagus. (DURATION) DAYS

(Signed) W. W. Bowie M.D.

Address Md. Gen. Hosp.

Date February 2, 1908

Place of Burial London Park Cemetery

Date February 6th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

2 P. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C 9218 Registered No. B C 9218

CERTIFICATE OF DEATH.

(Place of Death.) No. 1712 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary A Rossiter

{Residence, if in Baltimore, Give Street and Number.} 1702 N. Caroline st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 14th 1833

AGE: 73 years, 9 months, 19 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Samuel C Smith

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: dont Know

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Ferd Rossiter

(Address) 3712 Park Heights ave

Filed 2/5 1908 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 3rd 1908

I HEREBY CERTIFY, That I attended deceased from October 1907 to Feb 3rd 1908 that I last saw her alive on Feb 3rd 1908, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis with Heart Complication 1 year.

(DURATION)

Contributory (Primary.) Coma (Uremic)

(DURATION) 2 DAYS

(Signed) Wilmer Brinton M.D.

Address S-W Cor. Calvert & Fayette

Date February 4th 1908

Place of Burial Greenmount Cemetary

Date February 7th 3 PM 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 9219 Registered No. B C 9219

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. 1904 Barclay st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maud C. Buffington

{Residence, if in Baltimore, Give Street and Number.} 1904 Barclay st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 30th 1877

AGE: 30 years, 3 months, 5 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: George W. Cockley

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Sarah C. Johnson

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter W. Buffington

(Address) 1904 Barclay st

Filed 2/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 4th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Feb 4 1908

that I last saw h er alive on Feb 4 1908,

and that death occurred, on the date stated above, at 9.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

[redacted]

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Broncho Pneumonia

(DURATION) 5 DAYS

(Signed) Louis D. McCarran M.D.

Address 416 E. North ave

Date Feb 4 1908

Place of Burial London Park Cemetery

Date February 6th 1908 10 a.m.

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 9220 Registered No. B C 9220

41

CERTIFICATE OF DEATH.

Place of Death.) No. 1636 W Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry T. Pitcher

{ Residence, if in Baltimore, Give Street and Number. } 1636 W Lanvale

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR White

DATE OF BIRTH 1

AGE 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thomas C. Pitcher

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Anna Smithers

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Pitcher

(Address) 1636 W Lanvale

Filed 2/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 4th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 4th 1908 to Feb 4th 1908 that I last saw him alive on Feb 4th 1908, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Rectum & Intestines

(DURATION) 12 mos DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin F. Mortimer M.D.

Address 1251 N Fulton Ave

Date Feb 4th 1908

Place of Burial Loudon Park

Date Feb 6/08 190

Undertaker Warfoot

Address 1426 Gartsar

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C 9221 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 511 E Monument St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Katie Smith

{Residence, if in Baltimore, Give Street and Number.} 511 E Monument

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 31 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Andrew Durham

BIRTHPLACE OF FATHER (State or country) ~~Balto~~ Germany

MAIDEN NAME OF MOTHER Katherine Miller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Durham

Address 511 E Madison

Filed 2/5 1908 HARRY C. ANDREWS, PERMIT CLERK. (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 4 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1907 to Feb 4 1908

that I last saw h~~e~~ alive on Feb 4 1908,

and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia. Patient

(DURATION) 14 DAYS

Contributory (Primary) Heart

(DURATION) 14 DAYS

Signed Dr. W. Kemmler M.D.

Address 706 Cross St

Date Feb - 4 - 1908

Place of Burial Trinity Cem

Date Feb 7/08 1908

Undertaker Lowbook

Address 1502 E Monument

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 9222 Registered No. B C 9222

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 2413. Wilbrook Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name W. Theodore Bromwell

{Residence, if in Baltimore, Give Street and Number.} 2413 Wilbrook Av

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: Sept 8/1840

AGE: 62 years, 5 months ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Bromwell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret Denny

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Clementine Bromwell.

(Address) 2413. Wilbrook Av

Filed 2/5 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 3" 1908

I HEREBY CERTIFY, That I attended deceased from October 1" 1907 to Feb 3" 1908

that I last saw h[illegible] alive on Feb 2" 1908,

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

General Asthenia

(DURATION) 4 DAYS

Contributory (Primary) Phthisis Pulmonaris

(DURATION) ... DAYS

(Signed) H. E. Bitler M.D.

Address 3058 N. North Ave

Date February 4" 1908

Place of Burial Greenmount Cem

Date Feb 5/1908. 190

Undertaker Wm Cook

Address 502 E. North Av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 9223 Registered No. B C 9223

CERTIFICATE OF DEATH.

(Place of Death.) No. 514 Frederick ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helena K Thomas.

{Residence, if in Baltimore, Give Street and Number.} 514 Frederick ave

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: October 26. 1829

AGE: 78 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: K. Landwehr

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Troelbers

(Address) 514 Frederick Ave

Filed 2/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 5 1908

I HEREBY CERTIFY, That I attended deceased from February 10 1907 to Feb 5 1908 that I last saw her alive on Feb 5 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 1 year DAYS

Contributory (Primary.) Asthenia

(DURATION) 30 DAYS

(Signed) Asa L Beasle M.D.

Address 514 Frederick ave

Date February 5. 1908

Place of Burial Western Cemetery

Date Feb. 7th 1908

Undertaker C. F. McCormick

Address 1729a Lombard St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 6 7224 Registered No. B 1224

CERTIFICATE OF DEATH. 19224 3

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie B. Wingate

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum

Duration of Residence in Baltimore. 56 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [redacted] BAY VIEW ASYLUM

(Address)

Filed 2/5 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 1 1908

I HEREBY CERTIFY, That I attended deceased from May 23rd 1907 to February 1 1908, that I last saw her alive on February 1 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Exhaustion

(DURATION) 4½ DAYS

Contributory (Primary) Exhaustion

Pneumonia (DURATION) 4½ DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Asylum

Date February 2 1908

Place of Burial Sacred Heart

Date Feby 5. 1908

Undertaker Chas. F. Evans

Address 1187 20 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 9225 Registered No. B C 9225

CERTIFICATE OF DEATH.

(Place of Death.) No. 9 N. Vincent St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Howard

{Residence, if in Baltimore, Give Street and Number.} 9 N. Vincent

Duration of Residence in Baltimore. 26 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH —

AGE 26 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Charles Howard

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Susie Bowen

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Bowen

(Address) 9 N. Vincent St

Filed 2/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 3 1908

I HEREBY CERTIFY, That I attended deceased from ~~Feb~~ Jan. 30 1908 to Feb. 3 1908 that I last saw him alive on Feb 2 1908, and that death occurred, on the date stated above, at 1.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Pneumonia

about 10 or 12 ~~(DURATION)~~ DAYS

(Signed) Alex. T. VonAdelung M.D.

Address 1656 N. Gilmor St

Date Feb. 3 1908

Place of Burial Laurel ✓

Date Feb 5 1908

Undertaker A. J. Freeland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9226

City of Baltimore, (No. 1136 Lowen St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Maria Holland

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Any 22 nd (Month) (Day) 1836 (Year)
AGE	72 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Dont Mo
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Dont No
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Knull

(Address) 807 Columbia Ave

Filed 2/5 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Jan~~ Feb 4 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to Feb 4 1908 that I last saw h e alive on Feb 4 1908, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Old age

3 weeks (DURATION) DAYS

Contributory Heart torture and Cerebral Anemia (DURATION) 2 DAYS

(Signed) J. E. Mace M. D.

Feb 5 1908 (Address) 88 Columbia Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 6 1908
UNDERTAKER	**ADDRESS**
A Knull & Son	807 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C 9227 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1909 Etting St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margarett Parker

{ Residence, if in Baltimore, Give Street and Number. } 1909 Etting St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 77 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: dont no

BIRTHPLACE OF FATHER (State or country): dont no

MAIDEN NAME OF MOTHER: dont no

BIRTHPLACE OF MOTHER (State or country): dont no

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Parker

(Address) 1909 ettings St

Filed 2/5 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2 1908

I HEREBY CERTIFY, That I attended deceased from Jan 16 1908 to Feb 2 1908

that I last saw h[illegible] alive on Feb 2 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 16 DAYS

Contributory (Primary.)

old age (DURATION) 16 DAYS

(Signed) John Ettwell M.D.

Address 647 W Lafayette Ave

Date Feb 3 1908

Place of Burial Mt auburn cemty

Date Feb 5 1908

Undertaker John H Goudrin

Address 142 N Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 9228

Registered No. B C 9228

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 711 Ieland Street St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alexander Spaulding

{ Residence, if in Baltimore, Give Street and Number. } 711 Ieland Street

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colerd

DATE OF BIRTH: 1

AGE: 60 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widr

BIRTHPLACE (State or country): ne

FULL NAME OF FATHER: dont no

BIRTHPLACE OF FATHER (State or country): dont no

MAIDEN NAME OF MOTHER: dont no

BIRTHPLACE OF MOTHER (State or country): dont no

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Rosa Sime

(Address) 711 Ieland st

Filed 2/5 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Feb 3 1908 that I last saw him alive on Feb 2 1908, and that death occurred, on the date stated above, at 6 a.m. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 4 w 5 d DAYS

Contributory (Primary.) Dyspnoea

(DURATION) 4 w 5 d DAYS

(Signed) A. F. Foster M.D.

Address 714 S. Wash Ave

Date Feb 4th. 1908

Place of Burial Laudon Park cemetery

Date Feb 5th 1908

Undertaker John A. Gaudy

Address 1742 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 9229 Registered No. B

CERTIFICATE OF DEATH. C9229 81

(Place of Death.) No. 10 S Greene St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name. Daniel Rosenberg

{ Residence, if in Baltimore, Give Street and Number. } 10 S. Greene

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: 1

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Russia.

FULL NAME OF FATHER: Isaac Rosenberg.

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Ginnie Gorandel

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Glazier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S Greenberg

(Address) 10 S Greene St

Filed 2/5 1908

HARRY G. ANDREWS FERRIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 4 — 1908

I HEREBY CERTIFY, That I attended deceased from Feby 4 1908 to Feby 4 1908

that I last saw him alive on " " 1908,

and that death occurred, on the date stated above, at 1113 a. M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure,
Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) DAYS

(Signed) M Rosenberg M.D.

Address 742 W Fayette St

Date Feby 4 1908

Place of Burial Mount Rosedale Cemetery

Date Feb. 5 1908

Undertaker Mary Lindsay

Address 120 N Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 9230 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Jacob Emory

{ Residence, if in Baltimore, Give Street and Number. } 616 N Spring St.

Duration of Residence in Baltimore. 7,

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH November 14 1855

AGE 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lindy Emory wife

(Address) 616 N Spring St

Filed 2/5- 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 4 1908

I HEREBY CERTIFY, That I attended deceased from Jan 30 1908 to Feb 4 1908

that I last saw him alive on Feb 4 1908 6 30

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date February 5 1908

Place of Burial Laurel Cemetary

Date February 5th 1908

Undertaker Charles H. Burkert

Address 302 Bloom Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

C 9231

Registered No. B .....

City of Baltimore, (No. 11 W. Caundeu St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eva M. Harrison

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

COLOR: W.

DATE OF BIRTH: Dec (Month) 16 (Day) 1850 (Year)

AGE: 57 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John H. Deckman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Gillispie

(Address) 11 W Caundeu St.

Filed 2/5 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 7 1904 to Feb 3 1908

that I last saw her alive on Feb. 2 1908,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Diabetes Mellitus Complicated by Chronic Interstitial nephritis.

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Len Brann M. D.

Feb 3 1908 (Address) 400 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Westview Cem.

DATE OF BURIAL: Feb 6 1908

UNDERTAKER: J. E. Evans & Son

ADDRESS: 1622 Pennsylvania Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 9232

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August Volkman

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 2/5- 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 4 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 2 1908 to Feb. 4 1908 that I last saw h.. alive on Feb. 4 1908, and that death occurred, on the date stated above, at 8.12 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) 1 DAYS

Contributory (Primary) Nephritis

(DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View Asylum

Date Feb. 4 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 4- 1908 190

Undertaker Geo Thompson

Address 1805 Hope St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward ..... C 9233 Registered No. B .....

CERTIFICATE OF DEATH C 9233 137

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mabel Guttman

{Residence, if in Baltimore, Give Street and Number.} Northumberland Va

Duration of Residence in Baltimore. 8 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH —— 1

AGE 21 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER ——

BIRTHPLACE OF FATHER (State or country) ——

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) ——

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Nelson

(Address) 419 E. Eager

Filed 2/5 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5 1908

I HEREBY CERTIFY, That I attended deceased from Jan 26 1908 to Feb 5 1908

that I last saw h— alive on Feb 5 1908

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia due to Endometritis of Uterus

(DURATION) 10 DAYS

Contributory (Primary.) ——

(DURATION) 4 DAYS

(Signed) W. Nelson M.D.

Address Balto City Hospital

Date Feb 6 1908

Place of Burial Coan Valley Va

Date Feb 7 1908

Undertaker Robt Stevens

Address 1822 N. Eden Ave.

WM. J. C. DULANY CO., BALTIMORE

Result of self-induced abortion - auth.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 9234 Registered No. B C 9234

CERTIFICATE OF DEATH.

(Place of Death.) No. 2446 Etting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Greenwell

{ Residence, if in Baltimore, Give Street and Number. } 2445 Etting St.

Duration of Residence in Baltimore. 3 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colm

DATE OF BIRTH: Jan 1 1900

AGE: 8 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Greenwell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May Johnson

(Address) 2445 Etting St

Filed 2/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 3 1908

I HEREBY CERTIFY, That I attended deceased from Jan 29 1908 to Feb 3 1908

that I last saw h— alive on Feb 3 1908

and that death occurred, on the date stated above, at 10.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Yesterday became Dyspneic & Diphtheria - Sent Culture - have not heard as yet.

(DURATION) DAYS

Con'ributery (Primary) Pneumonia

(DURATION) 6 DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date Feb. 4 1908

Place of Burial Mt Olivet

Date Feb 5 1908

Undertaker F. L. Pashman Co

Address 1218 Pennsylvania Ave

12/2 P.M.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of the same death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 9235

Registered No. B.....

City of Baltimore, (No. Galloway Ave and Forest Ave St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Mary Ida Swayne

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 29 1828 (Month) (Day) (Year)

AGE 79 years, 3 months, 5 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto City Md

FULL NAME OF FATHER John Sewell

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Henrietta Eliza Price

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R W Bull

(Address) Galloway and Forest Avenue

Filed 2/5 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 3d 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ~~~~ 190 to ~~~~ 190.....

that I last saw her alive on ~~~~ 190....., and that death occurred, on the date stated above, at 8.40 P. M. The CAUSE OF DEATH was as follows:

She has been an invalid for years confined to her room, at last death came suddenly after a moment of the bowels from Exhaustion (DURATION) ..... DAYS

Contributory advanced years (DURATION) ..... DAYS

(Signed) John S Remington M. D.

2/5 1908 (Address) The Montevergo

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? / Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Olivet Cem | DATE OF BURIAL Feb 6 1908

UNDERTAKER E M Mitchell | ADDRESS 120 N Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 9236

City of Baltimore, (No. 531 Orford St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Hudnell

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH Feb (Month) 1 (Day) 1908 (Year)

AGE ——— years, ——— months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) — City

FULL NAME OF FATHER W. Clarence Hud[illegible]

BIRTHPLACE OF FATHER (State or country) Northumberland Co Virginia

MAIDEN NAME OF MOTHER Mary Curry.

BIRTHPLACE OF MOTHER (State or country) Northumberland Co Virginia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Clarence Hud[illegible]

(Address) 531 Orford St.

Filed 2/5 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 4 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1 1908 to ——— 190—

that I last saw her alive on Feb 1 1908

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Premature Birth

(DURATION) DAYS

Contributory Inanition (DURATION) 3 DAYS

(Signed) John Abercrombie M.D.

2/4 1908 (Address) 837 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ———

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL FEB 4 1908

UNDERTAKER Commissioner Health, Per. Wm. E. WOODALL

ADDRESS [illegible] Eutaw

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

327

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

90

CERTIFICATE OF DEATH.

C 9237

Registered No. B.....

City of Baltimore, (No. [redacted] 1103 N Eden St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hilda Hall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb (Month) 2 (Day) 1908 (Year)

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Dont Know [redacted]

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. G. Peterson M.D.

(Address) 1103 N Eden St

Filed 2/5 1908

HARRY O. ANDREWS,
PERMIT CLERK,
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 2 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 28 1908 to Feb 2 1908 that I last saw her alive on " " 1908, and that death occurred, on the date stated above, at 4.30 a.m. The CAUSE OF DEATH was as follows:

Acute Bronchitis

(DURATION) 6 DAYS

Contributory Inherited Tendency

Life time (DURATION) ..... DAYS

(Signed) E. G. Peterson M. D.

Feb 3 1908 (Address) 1103 N Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: FEB 4 - 1908

UNDERTAKER: Commissioner Health. Per. Wm. F. Woodall

ADDRESS

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Ward 4 C 9835 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Anderson

{ Residence, if in Baltimore, Give Street and Number. } Prince Geo C [illegible]. Grocer

Duration of Residence in Baltimore. 1 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B.

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/5 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1 1908

I HEREBY CERTIFY, That I attended deceased from Jan 27 1908 to Feb 1 1908

that I last saw h[illegible] alive on Feb 1 1908,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) 6 DAYS

Contributory (Primary.) Exhaustion

(DURATION) —— DAYS

(Signed) W W Sutherland M.D.

Address Balto City Hospitals

Date Feb 3 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 4- 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3 24

Ward 11 Registered No. B C9239 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Virginia Collins

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black -

DATE OF BIRTH: Nov. 30, 1907

AGE: ..... years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S -

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home per M.E.R.

Filed 2/10 1908

HARRY O. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 3, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 15 1908 to Feb. 3, 1908 that I last saw h.. alive on Feb. 3 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

- Marasmus -

(DURATION) 40 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carrollton Ave

Date Feb. 4, 1908

Place of Burial Cathedral Cemetery

Date February 5th 1908

Undertaker Chas. B. Frye

Address 182 E. Mulberry st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 9240 Registered No. B C 9240

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louise Knight

{ Residence, if in Baltimore, Give Street and Number. } St Vinct. Inf Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Dec 22, 1907

AGE ..... years, 1 month, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Vincent Asy

(Address)

Filed 2/5 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 2, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Feb 2 1908 that I last saw her alive on Feb 1 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Maynard, M.D.

Address 1230 N Cowlings

Date 2/3 1908

Place of Burial Mt Calvary Cathedral

Date Feb 5th 1908

Undertaker M. Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 9241 Registered No. B C 9241

CERTIFICATE OF DEATH.

131

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard Meeks

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Infant Asylum

Duration of Residence in Baltimore. Infant

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W-
DATE OF BIRTH	December 16 1907
AGE	years, 1 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincent Nsys

(Address)

Filed 2/5 1908 HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 3 1908

I HEREBY CERTIFY, That I attended deceased from Dec 16 1907 to Jan 3 1908 that I last saw h[illegible] alive on Feb. 3. 1908, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E H Hayward M.D.

Address 1230 N. Caroline

Date 2/4 1908

Place of Burial New Cathedral

Date Feb 5 Vh 1908

Undertaker M Faherty & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 9242 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant & Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Isabella Franklin

{Residence, if in Baltimore, Give Street and Number.} St Vincent. Infant Asylum

~~Duration of Residence in Baltimore.~~ Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	WC
DATE OF BIRTH	January 15 - 1908
AGE	— years, — months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincent Asy-

(Address)

Filed 2/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 3 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to Feb 3 1908 that I last saw h.e alive on Feb 2 1908, and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E H Hayward M.D.

Address 1207 Carlton

Date 2/4 1908

Place of Burial New Cathedral

Date Feb 5th 1908

Undertaker H. Zahn & Son

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 Registered No. B 92 43

CERTIFICATE OF DEATH.

(Place of Death.) No. 1635 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E O'Toole

{ Residence, if in Baltimore, Give Street and Number. } 1635 Aisquith

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: William Hall

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary McLean

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael F. O'Toole

(Address) 1635 Aisquith St.

Filed 2/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1908

I HEREBY CERTIFY, That I attended deceased from January 25 1908 to July 3 1908

that I last saw her alive on July 3 1908,

and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Neuritis - diffuse Herpetic eruption -

Septic Intoxication (DURATION) 30 DAYS

Contributory (Primary) from abscess (DURATION) DAYS

(Signed) J. L. Kirby M.D.

Address 110 E. North Ave

Date July 4 1908

Place of Burial New Cathedral Cemetery

Date February 6 1908

Undertaker Henry Hoede Son

Address 130 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9244 Registered No. B

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 1409 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Genevivor Loritz

{Residence, if in Baltimore, Give Street and Number.} 1409 E. Eager St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Jacob Loritz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Clara Schmidt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sabina Loritz

(Address) 1409 E. Eager St.

Filed 2/8-08

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 4th 1908

I HEREBY CERTIFY, That I attended deceased from Jany 7th 1908 to Feby 4th 1908 that I last saw h alive on Feby 3rd 1908, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Diffuse Bronchitis

(DURATION) One month

Contributory (Primary.)

(DURATION) DAYS

(Signed) S A Stone M.D.

Address 1501 E Eager St

Date Feby 4th 1908

Place of Burial Holy Redeemer Cemetery

Date February 7th 1908

Undertaker Henry Hoede Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 9245 Registered No. B C 9245

19

CERTIFICATE OF DEATH.

(Place of Death.) No. 1324 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ida V. Muller

{Residence, if in Baltimore, Give Street and Number.} 1324 N. Dallas St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 37 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: James A. Pruett

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Elizabeth Booker

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Pruett

(Address) 132 N. Dallas St.

Filed 1/5 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 4, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1907 to Feb. 4, 1908 that I last saw her alive on Feb. 3, 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Grip

(DURATION) 7 DAYS

Contributory (Primary) Mitral Regurgitation (DURATION) 2 yrs.

(Signed) J. C. Lunkins M.D.

Address 653 Columbia Ave

Date Feb. 5, 1908

Place of Burial Baltimore Cemetery

Date February 1908

Undertaker Henry Hoeck & Son

Address 1201 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9246 Registered No. B 9246

CERTIFICATE OF DEATH.

(Place of Death.) No. 444 W Biddle St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Branch

{Residence, if in Baltimore, Give Street and Number.} 444 W Biddle St

Duration of Residence in Baltimore, Unknown

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Unknown 1	
AGE: about forty six yrs ..... years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Va.	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Branch

(Address) 444 Biddle St.

Filed 2/5 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 3rd 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

died Suddenly (DURATION) ..... DAYS

Contributory (Primary.) ?

(DURATION) ..... DAYS

(Signed) Allan Baldwin M.D.

Address 700 Log. Ave. (Canton)

Date Feby. 3rd 1908

Place of Burial Mt Auburn Cemetery

Date February 6th 1908

Undertaker J. G. Burbage

Address 1607 Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date**

...TH DEPARTMENT, City of Baltimore.

Ward 15

C 9247 Registered No. B C 9247

CERTIFICATE OF DEATH.

(Place of Death.) No. 913 Low St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Stallknecht.

{ Residence, if in Baltimore, Give Street and Number. } 913 Low St.

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR White

DATE OF BIRTH Oct 17, 1872

AGE 35 years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balt. Md.

FULL NAME OF FATHER Ernest A. Stallknecht.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth J. Stallknecht

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Stage Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Stallknecht

(Address) 1417 Charles St

Filed 2/5 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 4, 1908

I HEREBY CERTIFY, That I attended deceased from Coroner's Case 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 8 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(Alcoholic Tension)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. L. Hayden M.D.

Address 2 N. Caroline St. Coroner

Date Feb. 4 1908

Place of Burial Loudon Park cemetery

Date Feb 6 1908

Undertaker Wilbur H. Shriver

Address 1 E Fremont ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9248

City of Baltimore, (No. 408, E. North av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louise B. Heaver

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: aug (Month) 4 (Day) 1853 (Year)

AGE: 54 years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Braun

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Mary Brooks

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Heaver

(Address) 408 E. North ave

Filed 2/5 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 3d (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 25th 1907 to Feb 3d 1908

that I last saw her alive on Feb 3d 1908,

and that death occurred, on the date stated above, at 5 P.M. The CAUSE OF DEATH was as follows:

Cancer of the Uterus

1 & 0 months (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) H H Pearce M. D.

Feb 4th 1908 (Address) 2115 Eutaw st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge | DATE OF BURIAL: Feby 5 1908

UNDERTAKER: E. M. Mitchell | ADDRESS: 120 W. Fay...

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9249

City of Baltimore, (No. 1132 Laurel St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josephine Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH Unknown (Month) (Day) 1846 (Year)

AGE 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Thos A. Jones

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Harriet Statin

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter Harriet Johnson

(Address) 1132 Laurel

Filed 2/5 1908 HARRY C. ADKINS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 4 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 31 1908 to Feb 4 1908 that I last saw h alive on Feb 3 1908, and that death occurred, on the date stated above, at 8.55 a. m. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 4 DAYS

Contributory Grippe (DURATION) 4 DAYS

(Signed) W Clyde Barnes M. D.

Feb 4 1908 (Address) [illegible] S Bal[illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Wm Brown Feb 6 1908 DATE OF BURIAL

UNDERTAKER Wm H Carrow ADDRESS 1400 Mosher

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

Registered No. B C 9250

City of Baltimore, (No. 1612 E. Preston St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Kate F. Manning

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Jan. 1 1864 (Month) (Day) (Year)
AGE	44 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Hugh Manning
BIRTHPLACE OF FATHER (State or country)	Ireland.
MAIDEN NAME OF MOTHER	Catherine Kennedy.
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine A. Carroll.

(Address) 1612 E. Preston St.

Filed 2/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 4th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 10th 1907 to Feb 4th 1908 that I last saw h[illegible] alive on Feb 4th 1908 8.30 and that death occurred, on the date stated above, at 8 ..... M. The CAUSE OF DEATH was as follows:

Valvular Heart

6 mos (DURATION) DATE

Contributory ..... (DURATION) ..... DAYS

(Signed) J. C. Stamer M. D.

Feb 8 1908 (Address) 1824 Eager

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Feb 7 1908
UNDERTAKER	**ADDRESS**
A. Klink & Son	915 E. Gay St

WM. J. C. DULANY CO., BALTIMORE

Ward 10 C 9251 Registered No. B C 9251

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Maryland Mi- Hospl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Hudson

{Residence, if in Baltimore, Give Street and Number.} 734 Hemple Ct

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colard

DATE OF BIRTH 1

AGE 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

His Wife
Informant

Address 734 Hemple ct

Filed 2/6 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1 '08 1908

I HEREBY CERTIFY, That I attended deceased from As Above 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia,
(Sudden death)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Gilbert M.D.
Coroner

Address 211 N. Lanvale

Date 2. 05 1908

Place of Burial Mt Auburn

Date February 6 1908

Undertaker R A Elliott

Address 1706 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 9252 Registered No. B C 9252

CERTIFICATE OF DEATH.

(Place of Death.) No. 710 Lesters Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 10

Full Name Edward Smothers

{Residence, if in Baltimore, Give Street and Number.} 710 Lesters Court.

Duration of Residence in Baltimore. 40 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Colored

DATE OF BIRTH 1

AGE 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Washington

(Address) 710 Lusters Court

Filed 2/6 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 4 1908

I HEREBY CERTIFY, That I attended deceased from Jany 26 1908 to Feby 4 1908 that I last saw him alive on Feby 4 1908, and that death occurred, on the date stated above, at 11 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dropsy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward Smothers M.D.

Address 538 Monroe St.

Date Feby 5 1908

Place of Burial National Cemetery

Date Feb 6 1908

Undertaker Geo H Hooper

Address 609 Little Pacific St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 C 9253 Registered No. B C 9253

CERTIFICATE OF DEATH.

(Place of Death.) No. 1114 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Herbert Meiser

{ Residence, if in Baltimore, Give Street and Number. } 1114 N. Wolfe St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 18 1898

AGE: 9 years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Walker

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Steinbeck

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Weiker

(Address) 1114 N. Wolf st

Filed 2/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 4th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 29th 1908 to Feb 4th 1908 that I last saw him alive on Feb 3rd 1908, and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 8 DAYS

Contributory (Primary.) Nephritis

(DURATION) 5 DAYS

Signed) Wm Nelson White M.D.

Address 1820 N. Charles St

Date Feb 4th 1908

Place of Burial Baltimore Cemetery

Date Feb 6th 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

C 9254

Registered No. B .....

City of Baltimore, (No. 1028, Penna. Ave. St.; 17th E. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George J. Popp,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 8th (Month) (Day) 1819 Year

AGE: 88 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George Popp

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Beier

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Paper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary D. Popp

(Address) 1028 Penna. ave

Filed 2/6 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 4th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany. 31st, 1908 to Feby. 4th 1908 that I last saw h.. alive on Feby. 2d, 1908, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

La Grippe.

(DURATION) 31 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Louis W. Knight M. D.

Feby. 5th 1908 (Address) 414 N. Greene St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Feb. 7th 1908

UNDERTAKER: Geo. Benz — ADDRESS: 594 N. Biddle St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B ..... C 9255

CERTIFICATE OF DEATH.

C9255 /20

(Place of Death.) No. 1308 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Pfaff

{ Residence, if in Baltimore, Give Street and Number. } 1308 E. Monument St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 14th 1863

AGE: 44 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Ullrich Pfaff

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna L. Hartman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen B. Pfaff

(Address) 1308 E. Monument

Filed 1/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5th 1908

I HEREBY CERTIFY, That I attended deceased from Jany 2nd 1908 to Jan 5th 1908

that I last saw h in alive on Jan 4th 1908 at 1 30

and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Dist Nephritis

6 months (DURATION)

Contributory (Primary.) (DURATION) DAYS

(Signed) C. O. Stoner M.D.

Address 1527 E Cay St

Date Jan 5th 1908

Place of Burial Balto Cem

Date 2/7/08 190

Undertaker J. Henry Son

Address 2018 Eden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ...

CERTIFICATE OF DEATH

(Place of Death.) No. Marlborough Apartments St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Catharine E. Hower

{Residence, if in Baltimore, Give Street and Number.} Marlborough Apartments

Duration of Residence in Baltimore. about 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: March 3d 1829

AGE: 78 years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Howard Co. Md.

FULL NAME OF FATHER: Benjamin F. Forrester

BIRTHPLACE OF FATHER (State or country): not known

MAIDEN NAME OF MOTHER: Ruth Elder

BIRTHPLACE OF MOTHER (State or country): not known

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George A Hower

(Address) Roland Park

Filed 2/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 4th 1908

I HEREBY CERTIFY, That I attended deceased from Jany 24 1908 to Feb 4 1908

that I last saw her alive on Feb 4 1908,

and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Embolism Brain, old age

General wear out

(DURATION) 7 DAYS

Contributory (Primary.) old age.

Paresis of Bowel (DURATION) 7 DAYS

(Signed) T. A. Ashby M.D.

Address 1125 Mad. ave

Date Feb 5 1908

Place of Burial London Park Cemetery

Date Feby 6th 1908

Undertaker Stewart & Hower Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

Dr T. A. Ashby 1125 Madison ave

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 9257 Registered No. B C 9257

CERTIFICATE OF DEATH. C 9257 81

(Place of Death.) No. 353 W. Forrest (2 W) St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Amelia Henriette Berndt

{Residence, if in Baltimore, Give Street and Number.} 353 W. Forrest St

Duration of Residence in Baltimore. 43 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 26. 1835

AGE 74 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ ?

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER J Haunt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER C Haney

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas W Berndt

(Address) 351 Forrest St

Filed 2/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 4, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1908 to Feb 4, 1908 that I last saw h[illegible] alive on Feb. 3, 1908, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) — DAYS

Contributory (Primary.) Arteria sclerosis and Old age (DURATION) — DAYS

(Signed) E. A. Dickey M.D.

Address 14 N. Monroe St

Date Feb. 4, 1908

Place of Burial Bell Cemetery

Date Feb 6 1908

Undertaker Robt J Jones

Address # 1442 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 9258 Registered No. B

C 9258 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 210 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Beck.

{Residence, if in Baltimore, Give Street and Number.} 210 Hanover St.

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Nov. 20 1851
AGE	56 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Peter Stark
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Catharine Rothnaur
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Beck (Son)

(Address) 210 Hanover St.

Filed 2/6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 4 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1907 to Feb 4 1908 that I last saw her alive on Feb 4 1908, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Ch. Int Nephritis
Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W B. Burch M.D.

Address 828 N. Carrollton Ave

Date Feb 6 1908

Place of Burial Mount Olivet Cemetery

Date February 6 1908

Undertaker Daniel & Margaret G. Flynn

Address 226 West St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9259 Registered No. B .....

64

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles A. Davey.

{ Residence, if in Baltimore, Give Street and Number. } 809 N. ~~Baltimore~~ Chapel St

Duration of Residence in Baltimore. one week.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER X

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Cigar Manf.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Barbara Davey

(Address) 809 N. Chapel St

Filed 2/6 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 5, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 3 1908 to Feb. 5 1908 that I last saw h[im] alive on Feb. 5 1908, and that death occurred, on the date stated above, at 3-5 P. M. CAUSE OF DEATH (Secondary or Immediate

Hypostatic Pneumonia

12 hours (DURATION) DAYS

Contributory (Primary.) Cerebral Haemorrhage (DURATION) 24 hrs

(Signed) Eugene L. Rasagno M.D.

Address St Joseph's Hosp.

Date Feb. 5 1908.

Place of Burial Baltimore Cemetery

Date Feb 7 1908

Undertaker Frank Coach

Address 1904 Eastlake

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B

CERTIFICATE OF DEATH. C9260 15V

(Place of Death.) No. 109 S. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florence Burger

{Residence, if in Baltimore, Give Street and Number.} 109 S. Chester St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH Feb 4th 1908

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Frank Burger

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Mary LeTague

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Frank Burger

(Address 109 S. Chester St

Filed 2/6 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5-th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 4 1908 to Feb 5-th 1908 that I last saw h-r alive on Feb 4th 1908, and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis Neonatorum

(DURATION) 1 DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) A. L. Tumbleson M.D.

Address 2013 Bank st

Date Feb 5-th 1908

Place of Burial Cathedral Cem.

Date Feb. 6th 1908

Undertaker Jno. P. Moran

Address Bank & Ann Sts.

WM. J. C. DULANY CO., ENGRAVERS.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B C 9261

CERTIFICATE OF DEATH.

(Place of Death.) No. 1808 Lancaster St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Rosa Mc Ginnis

{Residence, if in Baltimore, Give Street and Number.} 1808 Lancaster St.

Duration of Residence in Baltimore. 71 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Not known 1

AGE 71 years, about months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew McGinnis

(Address) 1808 Lancaster St.

Filed 2/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 5, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 29 1908 to Feb 5 1908 that I last saw her alive on Feb. 4 1908 and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

(DURATION) 11 DAYS

Contributory (Primary) Nephritis

& Fruit Dyspepsia (DURATION) DAYS

(Signed) J C Jayne M.D.

Address Kingsville Md

Date Feby 6, 1908

Place of Burial Holy Redeemer

Date Feb. 8th 1908

Undertaker Geo. T. Curran

Address Bank & Ann Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C 9262

CERTIFICATE OF DEATH.

(Place of Death.) No. 229 Arch st St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name George E Armstrong

{ Residence, if in Baltimore, Give Street and Number. } 229 Arch st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Jan 27th 1907

AGE: 1 year, months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph L Armstrong

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Cora Wist

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph L Armstrong

(Address) 229 Arch st

Filed 2/6 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6th 1908 to Feb 6th 1908 that I last saw him alive on Feb 5th 1908, and that death occurred, on the date stated above, at 3.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 20 DAYS

Contributory (Primary.)

Starvation (DURATION) 10 DAYS

(Signed) Frank M Lemmon M.D.

Address 322 N Grand Ave

Date Feb 6th 1908

Place of Burial New Cathedral

Date February 8th 1908

Undertaker R F Collins

Address 502 Regester Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ... 9263

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 N. Spring st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard A. Barrett

{Residence, if in Baltimore, Give Street and Number.} 719 N. Spring St.

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ...

AGE 3y — — years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Kent Co. Md.

FULL NAME OF FATHER Richard Barrett

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lizzie Rasin

BIRTHPLACE OF MOTHER (State or country) Kent Co. Md.

OCCUPATION OF DECEASED Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friend

(Address) 719 N Spring

Filed 2/6 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 6th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Feb 6 1908

that I last saw him alive on Feb 6 1908

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) DAYS

Pulmonary Tuberculosis

Contributory (Primary) 8 months

(DURATION) DAYS

(Signed) Charles A. Meyer M.D.

Address 1031 N. Caroline St.

Date February 5th 1908.

Place of Burial Laurel

Date February 7 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. ...

CERTIFICATE OF DEATH.

C 926 93

(Place of Death.) No. 405 Beals Ct. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Beulah Smith

{Residence, if in Baltimore, Give Street and Number.} 405 Beals Ct

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 | COLOR B

DATE OF BIRTH ... 1 ...

AGE ... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balt

FULL NAME OF FATHER Luffer Smith

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Forever Jones

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED ...

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 405 Beals Ct

Filed 2/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Geo K Cameron M.D.

Address Towson Md

Date Feb 5 08 190

Place of Burial Hebburn

Date February 8 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B C 9265

CERTIFICATE OF DEATH.

(Place of Death.) No. 2027 N Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Blanche Edith Chelton

{Residence, if in Baltimore, Give Street and Number.} 2027 N Washington St

Duration of Residence in Baltimore. 15 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 34 years, ___ months, ___ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Dorchester Co Md

FULL NAME OF FATHER: Wm Jumby Price

BIRTHPLACE OF FATHER (State or country): Dorchester Co Md

MAIDEN NAME OF MOTHER: Mary Tyler Wilson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Tyler Price

(Address) 2027 N Washington

Filed 2/6 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 4th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 26 1907 to Feb 4 1908

that I last saw her alive on Feb 4 1908

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

4 Months (DURATION) DAYS

Contributary (Primary) 4 months

Exhaustion (DURATION) DAYS

(Signed) A. L. Mackenzie M.D.

Address 1540 N Broadway

Date February 5 1908

Place of Burial Mt Olivet Cemetery

Date Feby 7. 1908

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., STATIONERS.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B C 9266

Registered No. D .....

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 508, Franklin Terrace St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Dorcas A. Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 20 (Month) (Day) 1822 (Year)

AGE: 85 years, 11 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Co. Md.

FULL NAME OF FATHER: Samuel Guyton

BIRTHPLACE OF FATHER (State or country): Balto. Co. Md.

MAIDEN NAME OF MOTHER: Elizabeth Guyton

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. F. Bell

(Address) 508 Franklin Terrace Balto. Md.

Filed 2/6 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 8th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1907 to Feb 1908, that I last saw her alive on Feb 4 1908, and that death occurred, on the date stated above, at 6.30 a. m. The CAUSE OF DEATH was as follows:

Arterio-Sclerosis, induced by old age

Immediate Cause, Dropsy

(DURATION) ..... DAYS

Contributory Old age

(DURATION) ..... DAYS

(Signed) Wm. M. Bamebaker M. D.

Feb 6th 1908 (Address) 709 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Green Mount Cemetery

DATE OF BURIAL: Feb. 7 1908

UNDERTAKER: Geo. J. Smith & Co

ADDRESS 1000 N. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9267

City of Baltimore, (No. 616, Edmondson Ave., St., 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Chesterfield Richardson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) 11 (Day) 1829 (Year)

AGE: 78 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Harford Co. Md

FULL NAME OF FATHER: Charles Richardson

BIRTHPLACE OF FATHER (State or country): Harford Co. Md

MAIDEN NAME OF MOTHER: Julia A. Smith

BIRTHPLACE OF MOTHER (State or country): Harford Co Md

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Nellie Richardson

(Address) 616 Edmondson ave

Filed Feb 6 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 6th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to Feb 5th 1908

that I last saw him alive on Feb 3rd 1908,

and that death occurred, on the date stated above, at 920 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) DAYS

Contributory Heart failure

(DURATION) DAYS

(Signed) Dr. A. Neuse M. D.

Feb 6 1908 (Address) 1609 Thruston E.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Feb 8 1908

UNDERTAKER: Geo J Smith Co — ADDRESS: 1000 N. Fayette ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C 9268 Registered No. B

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 263 E. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julius R. Sale

{ Residence, if in Baltimore, Give Street and Number. } 263 E. Hamburg St.

Duration of Residence in Baltimore. ~~Life~~ 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 21 1896

AGE: 11 years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Newport News Va

FULL NAME OF FATHER: John F. Sale

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Emma E. English

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma E. Gilbert (Mother)

(Address) 263 E. Hamburg st

Filed 2/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 4 1908

I HEREBY CERTIFY, That I attended deceased from Jany 1908 to Feby 4 1908

that I last saw him alive on Feby 4 1908,

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dilatation of Heart

(DURATION) DAYS

Contributory (Primary.) 5 weeks

(DURATION) DAYS

(Signed) W. A. Smith M.D.

Address 528 Hanover St

Date Feby 5 1908

Place of Burial Cedar Hill Cem

Date Feb 8th 1908

Undertaker E Schlosman Son

Address 1054 Hanover st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. C9269 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 West Cross st St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rose Wiam E. Wagner

{Residence, if in Baltimore, Give Street and Number.} 26 West Cross

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. 24 1868

AGE: 39 years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: David F. Dixon

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Maryland

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip C. Wagner

(Address) 26 W. Cross st

Filed 2/6 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 4th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 25 1905 to Feb 3rd 1908 that I last saw her alive on Feb 3rd 1908, and that death occurred, on the date stated above, at 9-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Angina duration of Heart.

2 years (DURATION) DAYS

Con ributory (Primary.)

Dropsy (DURATION) DAYS

(Signed) H. K. Wiley M.D.

Address 1122 N. Libery St

Date Feb 4 1908

Place of Burial Cedar Hill Cem

Date Feb 7th 1908

Undertaker C. Schloman & Son

Address 1059 Hanover st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B C9270 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 1255 Battery Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. A. Creighton

{Residence, if in Baltimore, Give Street and Number.} 1255 Battery Ave.

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 1 1850

AGE 57 years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Dorchester Co Md

FULL NAME OF FATHER Henry T. Creighton

BIRTHPLACE OF FATHER (State or country) Dorchester Co Md

MAIDEN NAME OF MOTHER Mary J. Creighton

BIRTHPLACE OF MOTHER (State or country) Dorchester Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mary J. Creighton (Wife)

(Address 1255 Battery Ave

Filed 2/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from Dec 10 1907 to July 4 1908

that I last saw h alive on July 4 1908

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Fatty degeneration of heart

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. Lee Franklin M.D.

Address 1228 Cathedral

Date July 5 1908

Place of Burial LOUDON PARK.

Date FEB 7 - 1908

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 927 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 8 E York St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm M. Pilker.

{Residence, if in Baltimore, Give Street and Number.} 8 E. York St.

Duration of Residence in Baltimore Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 26 1862

AGE 45 years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Nicholas Pilker

BIRTHPLACE OF FATHER (State or country) Unknown.

MAIDEN NAME OF MOTHER Amanda Ashby

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Machinist.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Milburn M.D.

(Address) 603 S. Sharp St.

Filed 2/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 5 1908.

I HEREBY CERTIFY, That I attended deceased from Jan 25 1908. to Feb. 5 1908.

that I last saw h... alive on Feb 4 1908.,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia (DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) C. Milburn M.D.

Address 603 S. Sharp St.

Date Feb. 4 1908.

Place of Burial Mt Carmel

Date FEB 7 - 1908 190

Undertaker Armstrong Furn Co

Address 715 Light St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1935 Jefferson St. C9272 St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Margaret Meyer

{Residence, if in Baltimore, Give Street and Number.} 1935 Jefferson St.

Duration of Residence in Baltimore. about 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April 17 1838
AGE	69 years, 9 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Henry Wenkel
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mary A. Glinsing
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Meyer

(Address) 1935 Jefferson St.

Filed 1/6 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 4th 1908

I HEREBY CERTIFY, That I attended deceased from March 1907 to February 4 1908

that I last saw h[illegible] alive on Feb. 4 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart. Failure.
Acute Dilatation.

(DURATION) DAYS

Contributory (Primary) Chronic Myocarditis.

(DURATION) DAYs

(Signed) E. C. Kelsey M.D.

Address 1719 E Eager St

Date 190

Place of Burial Holy Redeemer Cemetery

Date February 8 1908

Undertaker Germanus Frame

Address Bank cor Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Church Home & Infirmary C9273 St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank F. Ellicott

{Residence, if in Baltimore, Give Street and Number.} 4002 Roland Ave, Roland Park

Duration of Residence in Baltimore. ~~Not known~~ Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH 1851

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Samuel Ellicott

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Todhunter

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) (Mrs) A. H. Krause

(Address) Church Home & Inf.

Filed 2/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 5 1908

I HEREBY CERTIFY, That I attended deceased from February 4 1908 to February 5 1908 that I last saw h~~im~~ alive on February 5 1908, and that death occurred, on the date stated above, at 7:45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Charles H. Stutemaech M.D.

Address Church Home & Infirmary

Date February 5, 08 1908

Place of Burial Gr E Emmanuel

Date Feby 7th 1908

Undertaker Hetzendeiner & Son Co

Address 305 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2nd

Registered No. B 9274 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 515 S. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephanie Raba

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 30 1907

AGE: ..... years, 9 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Stanislaus Raba

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Anne Wisowate

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stanislaus Raba

(Address) 515 S. Washington St

Filed 2/6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 6th 1908

I HEREBY CERTIFY, That I attended deceased from January 29 1908 to February 4 1908 that I last saw her alive on February 4 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis (DURATION) 14 DAYS

Contributory (Primary)

Due to Colds (DURATION) DAYS

(Signed) S. J. Szmurlowski M.D.

Address 722 S. Ann st

Date February 6th 1908

Place of Burial St Stanislaus.

Date Saturday Feby 8 1908

Undertaker M. J. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 ... Registered No. B ...

CERTIFICATE OF DEATH.

9275 154

(Place of Death.) No. 2721 Parkwood ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Penelope Martin

{Residence, if in Baltimore, Give Street and Number.} 2721 Parkwood ave

Duration of Residence in Baltimore. 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: July 15 1834

AGE: 74 years, 6 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Geog Mering

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Penelope Mering

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Virginia Martin

(Address) 2721 Parkwood ave

Filed 2/6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6 1908

I HEREBY CERTIFY, That I attended deceased from 1904 to Feb 6 1908

that I last saw h-- alive on Feb 4 1908

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

General debility - old age

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Fred C Jewett M.D.

Address 2208 North Fulton Ave

Date Feb 6 1908

Place of Burial Westminster Md.

Date Feb 8 1908

Undertaker H Maurice Rowlson

Address 231 N Greene St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Simon Wolf.

{ Residence, if in Baltimore, Give Street and Number. } 13 Monroe st Wilky st

Duration of Residence in Baltimore. 1 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Israel Wolf

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Neddie Forcamer

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Lab

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Moses Greenberg

(Address) 128 Jackson Place

Filed 2/7 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan 29 1908 to Feb 6 1908 that I last saw him alive on Feb 6 1908, and that death occurred, on the date stated above, at 1.1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

Pneumonia

(DURATION) — DAYS

Contributory (Primary.) Phthisis

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Balto City Hospital

Date Feb 7 1908

Place of Burial Mt Olivet Rosedale Cemetery

Date Feb 9 1908

Undertaker Mary Lennon

Address 1610 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. D.....

CERTIFICATE OF DEATH.

c9277 93

(Place of Death.) No. 1313 North Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Samuel Weaver

{ Residence, if in Baltimore, Give Street and Number. } 1313 North Luzerne St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Lewis C. Weaver

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Coffin Ford

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Katharine Weaver

(Address) 2201 E. Baltimore St.

Filed 2/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 6th 1908

I HEREBY CERTIFY, That I attended deceased from January 1908 to Feb. 6th 1908 that I last saw him alive on Feb. 6th 1908, and that death occurred, on the date stated above, at a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Maurice Rosenau M.D.

Address 1635 E. Baltimore St

Date Feb 6th 1908

Place of Burial Woodlawn Cemetery

Date February 7th 1908

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

45

CERTIFICATE OF DEATH.

(Place of Death.) No. 1622 N Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

d 9298

Full Name Charles a Miller

{Residence, if in Baltimore, Give Street and Number.} 1622 N Charles St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH —

AGE 17 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Chas A Miller

BIRTHPLACE OF FATHER (State or country) Balto md.

MAIDEN NAME OF MOTHER Annie L Friday

BIRTHPLACE OF MOTHER (State or country) Balto md

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Annie L Miller

(Address 1622 N Charles

Filed 2/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Feb 6 1908 that I last saw him alive on Feb 5 1908, and that death occurred, on the date stated above, at 1 A M. CAUSE OF DEATH (Secondary or Immediate.)

Sarcomatosis

(DURATION) 30 DAYS

Contributory (Primary.) Osteo-Sarcoma

(DURATION) 5 M DAYS

(Signed) R. E. Campbell M.D.

Address 1614 N Eutaw St.

Date Feb 6 1908

Place of Burial London Park

Date Feby 9th 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 1279

CERTIFICATE OF DEATH.

C 9279 27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name J. Frank McCleary

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: —

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Jarrett McCleary

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Rebecca J Tracy

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 2/7 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 5th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 24 1907 to Feb. 5 1908

that I last saw h~~is~~ alive on Feb 5 1908,

and that death occurred, on the date stated above, at 9.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Feb. 6 1908

Place of Burial Baltimore Cemetery

Date Feby - 7th 1908

Undertaker Wm Cook

Address 502 E North av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 2228 Oak St C9280 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hugh Doyle Jr.

{ Residence, if in Baltimore, Give Street and Number. } 2228 Oak St.

Duration of Residence in Baltimore. 62 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: 1

AGE: 71. years, \ months, \ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hugh Doyle Jr.

(Address) 2228 Oak St

Filed 2/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5-09 1908

I HEREBY CERTIFY, That I attended deceased from Jan 21-09 1908 to Feb 5-09 1908 that I last saw h[e] alive on Feb 5-09 1908, and that death occurred, on the date stated above, at 5.50 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) 2 DAYS

Con'tributory (Primary.) Old age

Dilated Hypertrophied heart (DURATION) DAYS

(Signed) Neil E. Stewart M.D.

Address 122 W. 23-24 St.

Date Feb 6-09 1908 ✓ Balto Co'dd

Place of Burial Wilson Church Cemetery

Date Febry 8th 1908

Undertaker William Evans

Address 502 E North av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 3 Registered No. B 27

CERTIFICATE OF DEATH. C9281

(Place of Death.) No. 1431 E. Monument St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wm J H Bender

{Residence, if in Baltimore, Give Street and Number.} 1431. E. Monument

Duration of Residence in Baltimore. 8 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Mar 3 1855

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Phila

FULL NAME OF FATHER: Wesley Bender

BIRTHPLACE OF FATHER (State or country): Phila

MAIDEN NAME OF MOTHER: Anne Regan

BIRTHPLACE OF MOTHER (State or country): Phila

OCCUPATION OF DECEASED: Paper Box Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A B Bender

(Address) 1431. E monument St

Filed 2/7 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 5 1908

I HEREBY CERTIFY, That I attended deceased from Dec 17th 1907 to Feb 5th 1908

that I last saw him alive on Feb 6th 1908,

and that death occurred, on the date stated above, at 11.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Pulmonary Tuberculosis

approx. (DURATION) 2 mos. DAYS

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) L. M. C. Parker M.D.

Address 1051 Auzerais St

Date Feb 6th 1908

Place of Burial Dale Cemetery

Date Feby 8 1908

Undertaker Robt Turner

Address 1422 N Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C9282 120

(Place of Death.) No. 128 W. Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Jane Myer

{ Residence, if in Baltimore, Give Street and Number. } 128 W. Mosher St.

Duration of Residence in Baltimore. One year

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH November 15th 1838

AGE 69 years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frederick W Hilberg

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER "Reside"

BIRTHPLACE OF MOTHER (State or country) Baltimore -

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. D. Myer

(Address) 125 Mosher St.

Filed 2/7 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 5th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 3 1908 to Feb 5 1908 that I last saw h[er] alive on Feb 5 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic coma

(DURATION) 4 or 5 days

Contributory (Primary.) Chronic interstitial nephritis (DURATION) Family says years

(Signed) M B Hood M.D.

Address 604 N. Gilmor St

Date Feb 5 - 08 1908

Place of Burial Highland Hartford Co Md

Date Feb 8th 1908

Undertaker Albert F Pilliar

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE

Ward 1 C 9283 Registered No. B

CERTIFICATE OF DEATH.

C 9283 92

(Place of Death.) No. 2222 Essex St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine E. Mahla

{ Residence, if in Baltimore, Give Street and Number. } ~~Bogus~~ 2222 Essex St

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 5th 1839

AGE: 68 years, 3 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George Lehman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Zirkel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Mahla

(Address) 2222 Essex St

Filed 2/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 4 1908

I HEREBY CERTIFY, That I attended deceased from Jan 26 1908 to Feb 4 1908 that I last saw her alive on Feb 3 1908, and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia causing respiratory failure

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. E. Rank M.D.

Address 2000 E. Baltimore St

Date Feb 5th 1908

Place of Burial Mt. Carmel Cemetery

Date Feb 7th 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue

~~S. E. Cor. Broadway & Baltimore St.~~

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 9284 93

(Place of Death.) No. 10 N Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Major. Elsie.

{Residence, if in Baltimore, Give Street and Number.} 10 N Dallas

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/7 1908

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 2 — 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Feb 2 — 1908

Place of Burial JOHNS HOPKINS HOSPITAL.

Date FEB 6 - 1908 190

Undertaker Commissioner Health,
Per. Wm. E. WOODALL.

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

31

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH. C 9285

Registered No. B.....

City of Baltimore, (No. 439 Aisquith St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Shore

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb (Month) 4 (Day) 1908 (Year)

AGE About eight weeks years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) " | "

MAIDEN NAME OF MOTHER " | "

BIRTHPLACE OF MOTHER (State or country) " | "

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. E. Peterman

(Address) JOHNS HOPKINS HOSPITAL

Filed 2/7 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb (Month) 4 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 20 1908 to Feb 4 1908 that I last saw her alive on " " 1908, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Impassonus
About 3 weeks (DURATION) DAYS

Contributory Indigestion
Life (DURATION) DAYS

(Signed) E. A. Peterson M. D.

Jan 6 1908 (Address) 1103 Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL FEB 6 - 1908

UNDERTAKER Commissioner Health, Per. Wm. E. WOODALL

ADDRESS

FOR ANATOMICAL PURPOSES

31

C 9286

CERTIFICATE OF DEATH. C 9286 9

(Place of Death.) No. 1348 Towson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John W. Moseley

{Residence, if in Baltimore, Give Street and Number.} 1348 Towson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 26 Jan 1905

AGE 3 years, — months, 11 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John W. Moseley

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ada Summerfield

BIRTHPLACE OF MOTHER (State or country) Delaware

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John W. Moseley

(Address) 1348 Towson St

Filed 2/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6 Feby 1908

I HEREBY CERTIFY, That I attended deceased from 6th Feb 1908 to 6th Feb 1908 that I last saw him alive on 6th Feb 1908 and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Membranous Croup

(DURATION) 1 DAYS

Con'tributory (Primary) Exhaustion

(DURATION) 1 DAYS

(Signed) James Cooper M.D.

Address 1322 Monument St

Date 7th Feb 1908

Place of Burial Cedar Hill

Date Feb 8th 1908

Undertaker Jos. Stumtebeck

Address 1318 Light St.

Time of Funeral 6 p.m. James Bosley M.D. 2 P.M.

WM. C. FULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 9287 Registered No. B C9287 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 122 W Cross St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marguerite Estelle Kuehn

{Residence, if in Baltimore, Give Street and Number.} 122 W Cross St

Duration of Residence in Baltimore. 3 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Feb. 4 1908

AGE — years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jno. Kuehn

BIRTHPLACE OF FATHER (State or country) Balto. City

MAIDEN NAME OF MOTHER Rebecca Helms.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kuehn

(Address) 122 W. Cross St

Filed 2/7 1908

HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7. 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 6 1908 to Feb. 6 1908

that I last saw h[illegible] alive on Feb. 6 1908,

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory failure

(DURATION) — DAYS

Contributory (Primary) Congenital Atelectasis (DURATION) DAYS

birth

(Signed) Wm. Feilinger M.D.

Address 802 S. Fremont Ave.

Date Feb 7- 1908

Place of Burial Western Cem.

Date Feby. 7th 1908

Undertaker E. Schloman & Son

Address 1039 Hanover St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 2 — 9288 Registered No. B

CERTIFICATE OF DEATH. C9288 61

(Place of Death.) No. 1514 N Fremont ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Hortense Augustus Wise

{ Residence, if in Baltimore, Give Street and Number. } 1514 N Fremont ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR colored

DATE OF BIRTH June 24 1906

AGE 1 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jno E. Wise

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Fannie Wise

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Wise

(Address) 1514 N Fremont ave

Filed 2/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan 25 1907 to Feb 6 1908 that I last saw h[illegible] alive on Feb 6 1908, and that death occurred, on the date stated above, at 12:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 6 DAYS

Contributory (Primary.) Convulsions (DURATION) 1 DAYS

(Signed) T E Daugherty M.D.

Address 1442 Pennsylvania Ave

Date Feb 6 1908

Place of Burial Mt Auburn

Date February 8th 1908

Undertaker James H Dennis

Address 1932 Presstman St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 9289 Registered No. B C9289 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 2011 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Estelle Hewitt Gade

{Residence, if in Baltimore, Give Street and Number.} 2011 Linden Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. — 1858

AGE: 49 years, 4 months, ? days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: John Gade

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Ann M. Benzet

BIRTHPLACE OF MOTHER (State or country): Phila. Pa.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Annette Gade.

(Address) 2011 Linden Ave

Filed 2/7 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 25th 1907 to Feb 4 1908 that I last saw her alive on Feb 4 1908, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dilatation of Heart

caused by La Grippe

(DURATION) 40 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas E Sadler M.D.

Address 1415 Linden ave

Date Feb 5th 1908

Place of Burial Greenmount Cemetery

Date Feb. 8. 1908

Undertaker Henry W. Meas 2nd Son.

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 9290 20

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Majella Clauer.

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent Infant Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Jan 27 1908

AGE ..... years, — months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St V. Inf. Asy.

Filed 2/7 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Feb 6, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 28, 1908 to Feb 6 1908 that I last saw h[illegible] alive on Feb 4 1908, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Sclerema.

about 5 (DURATION) DAYS

Contributory (Primary.) from suspected umbilicus

(DURATION) DAYS

(Signed) E. K. Kenyon M.D.

Address 1230 N Caroline St.

Date 2/6 1908

Place of Burial New Cathedral.

Date Feb 7th 1908

Undertaker Martin Fahey & Sons.

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 9291 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum Str. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Loretta James

{Residence, if in Baltimore, Give Street and Number.} St Vincent Infant Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Dec 23, 1907

AGE ..... years, 1 month, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Inf. Asy

Filed 2/7 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 6th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Feb 6 1908 that I last saw h[illegible] alive on Feb 4 1908, and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N. Caroline St

Date 2-6- 1908

Place of Burial New Cathedral

Date Feb 7th 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 Registered No. B C 9292 93

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Name.) Clara B. Jackson

(Color.) (Age.) (No.) (Street.) 1006 N. Vincent st.

{ Residence, if in Baltimore, Give Street and Number. } 1006 N. Vincent st.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Dec 2nd 1904

AGE: 3 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Jos H. Jackson

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Clara Moore

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos H. Jackson

(Address) 1006 N. Vincent

Filed 2/7 1908

HARRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 4th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 27th 1908 to Feb 4th 1908

that I last saw her alive on Feb 4th 1908,

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Link M.D.

Address 1313 N. Gaston ave.

Date Feb 5th 1908

Place of Burial Laurel Cem.

Date February 7th 1908

Undertaker Saml H. Chase Sons

Address 1400 Hoshed st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B 9593 112

CERTIFICATE OF DEATH.

(Place of Death.) No. 905 Light St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ludwig Heim

{Residence, if in Baltimore, Give Street and Number.} 905 Light St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 7th 1839

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Harness Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Heim (Wife)

(Address) 905 Light St

Filed 2/7 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5th 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Feb 5th 1908 that I last saw h[im] alive on Feb 5th 1908 and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis -

Acarhosis of Liver -

8 month (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) W Hammerbacher M.D.

Address 833 Light St

Date Feb 9th 1908

Place of Burial Holy Cross R. C.

Date February 8th 1908

Undertaker E Hearle

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1425

CERTIFICATE OF DEATH.

Registered No. B 9294

City of Baltimore, (No. 2027 Ramsey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~ Widower

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Samuel Wilson

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen Brown

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Annie Clarke

(Address) 2027 Ramsey St

Filed 2/7 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. (Month) 6th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from January 7th 1908 to Feby 6th 1908 that I last saw him alive on Feby 6 1908, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Senile Gangrene

(DURATION) 30 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. D. Norris M.D.

Feby 7th 1908 (Address) 1221 W Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL London Park

DATE OF BURIAL Feb. 8 1908

UNDERTAKER Jos B Cook

ADDRESS 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

150

CERTIFICATE OF DEATH.

(Place of Death.) No. John's Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Thurnhuber

{Residence, if in Baltimore, Give Street and Number.} 309 O Donnell St.

Duration of Residence in Baltimore. Life C9295

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 12 1907
AGE	0 years, 7 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	John Thurnhuber
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Katharina Diem
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Thurnhuber

(Address) 309 O Donnell St.

Filed 2/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 7 1908

I HEREBY CERTIFY, That I attended deceased from Dec 23 1907 to Feb 7 1908

that I last saw him alive on Feb 7 1908,

and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate)

Hydrocephalus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Henry M. Hurd M.D.

Address Johns Hopkins Hospital

Date Feb. 7 1908

Place of Burial Sacred Heart Cemetery

Date Feb. 9th 1908

Undertaker Germanus Thanz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 9296

CERTIFICATE OF DEATH.

(Place of Death.) No. 612 Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Coleman.

{ Residence, if in Baltimore, Give Street and Number. } 612 Mosher St.

Duration of Residence in Baltimore.... 70 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1829.

AGE 79. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Sebastus Dwayer.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Coleman.

(Address) 612 Mosher St.

Filed 2/7 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan 14 1908 to Feb 6 1908

that I last saw her alive on Feb 5 1908.

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.) Senility

(DURATION) 25 DAYS

(Signed) Louis Elbrich M.D.

Address 1741 Bay View

Date Feb 7 1908

Place of Burial Holy Redeemer

Date Feby 8 1908

Undertaker JOHN E. HOUCH CO.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

C 9297 151

(Place of Death.) No. 1703 Clarkson St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Infant of Sallie and Wm Undutch

{ Residence, if in Baltimore, Give Street and Number. } 1703 Clarkson St,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Feb 6 1908

AGE: ___ years, ___ months, 5 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Undutch

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sallie Sherlock

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs S. Undutch

(Address) 1703 Clarkson St.

Filed 2/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7 1908

I HEREBY CERTIFY, That I attended deceased from Feb 6 1908 to Feb 7 1908

that I last saw h er alive on Feb 6 1908

and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate

Cyanosis

(DURATION) 5 hrs

Con ributory (Primary) Premature Birth (DURATION) DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St

Date Feb 7 1908

Place of Burial Cedar Hill cemetery

Date Feb. 8 1908

Undertaker D. Finn McCarthy

Address 39 E. Fort ave

WM. J. C. DULANY CO., Baltimore

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 225 N. Arlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan Watts

{Residence, if in Baltimore, Give Street and Number.} 225 N Arlington Ave

Duration of Residence in Baltimore. 30 yrs

d 9298

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fee

COLOR: Colored

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): — — —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): — — —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Watts son

(Address) 225 Arlington ave

Filed 2/8 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Feb 6 1908 that I last saw h[illegible] alive on Feb 5 1908, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis
Pulmonalis

3 mos (DURATION) DAYS

Con'tributory (Primary.) Anaemia

3 wks (DURATION) DAYS

(Signed) W J Howard M.D.

Address 939 N Fay Ave

Date Feb. 6 1908

Place of Burial Int Auburn cemetery

Date Feb 8 1908

Undertaker Geo H Hooper

Address 609 Little Pacas St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 923 Druid Hill Ave. St. C 9249

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Brooton

{Residence, if in Baltimore, Give Street and Number.} 923 Druid Hill Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: about sixty yrs ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Samuel Brooton

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Harriet Francis

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Brooton

(Address) 923 Druid Hill Ave.

Filed 2/8 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby. 5th 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Stomach Disease

Unknown (DURATION) ..... DAYS

Contributory (Primary.) Heart

Disease (DURATION) ..... DAYS

(Signed) Silas Baltzman M.D.

Address 700 Laf. Ave. (Corner)

Date Jan. 6th 1909

Place of Burial Mt Zion Cemetery

Date Feby 8th 1908

Undertaker Felix B. Pyc

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 414 North High St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clementina Jolly

{Residence, if in Baltimore, Give Street and Number.} 414 N. High St

C 9300

Duration of Residence in Baltimore. 1843

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 2 1841

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Dorchester Co. Md.

FULL NAME OF FATHER: William Thomas Ballard

BIRTHPLACE OF FATHER (State or country): Princess Anne Md

MAIDEN NAME OF MOTHER: Lavinia Insley

BIRTHPLACE OF MOTHER (State or country): Dorchester Co Md.

OCCUPATION OF DECEASED: Housekeeping

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) sister Margaret E. Coulter

(Address) 414 North High St

Filed 2/8 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 7. 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 2 1908 to Feb. 6 1908 that I last saw h- alive on Feb 6 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dan'l Strett M.D.

Address 712 Park Ave

Date Feb 9 1908

Place of Burial Dale Cemetery

Date Feby 9 1908

Undertaker Robt Rimmer

Address 1442 W. Fay.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1815 Eutaw St. 19301 27

(If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name George de. Brown

{Residence, if in Baltimore, Give Street and Number.} 1815 Eutaw

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH June 2 1877

AGE 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER John H. Brown

BIRTHPLACE OF FATHER (State or country) Germany N.Y.

MAIDEN NAME OF MOTHER Catherine Mundy

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Mundy

(Address) 1815 Eutaw

Filed 2/8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1.30 a ..... M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Rodger Carruthers M.D.

Address Coroners Office

Date Feb 7 — 1908

Place of Burial Mt. Olivet Cemetery

Date Feby 9 1908

Undertaker Robt J Turner

Address 1542 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 9302 120

(Place of Death.) No. 2308 Eutaw Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Veirs Cumming

Residence, if in Baltimore, Give Street and Number. 2308 Eutaw Place

Duration of Residence in Baltimore. About 42 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 5- 1840

AGE: 67 years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Montgomery Co Md

FULL NAME OF FATHER: Samuel Clark Veirs

BIRTHPLACE OF FATHER (State or country): Montgomery Co. Md

MAIDEN NAME OF MOTHER: Julia Ann Diffenderfer

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edmund V. Cumming

(Address) 2308 Eutaw Place

Filed 2/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1908 to Feb 6th 1908 that I last saw her alive on Feb 6 1908, and that death occurred, on the date stated above, at a M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 10 DAYS

Contributory (Primary.) Bright's Disease four months (DURATION) DAYS

(Signed) W. P. Morgan M.D.

Address 315 N Monument St

Date Feb 9 1908

Place of Burial Greenmount Cemetery

Date Feby 9th 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 212 W Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna M Super

{Residence, if in Baltimore, Give Street and Number.} 212 W Preston St

Duration of Residence in Baltimore. 18 yrs — C9303

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr - 25 1889

AGE 18 years, 9 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm. H. Super

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Caroline M. Hopper

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Super

(Address) 212 W. Preston St

Filed 2/8 1908

HARRY C. ANDRE[illegible]
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1907 to Feb 7 1908 that I last saw h[illegible] alive on Feb 6 1908, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo A Strauss M.D.

Address 420 Hanover St

Date Feb 7 1908

Place of Burial Cedar Hill Cem.

Date Feb - 9 - 1908

Undertaker Crowley Bros

Address 257 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

112

(Place of Death.) No. City Hospital - Balt. Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick Brogan

{Residence, if in Baltimore, Give Street and Number.} 16 S Front St. C9304

Duration of Residence in Baltimore. 40 yr

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 58 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.	
BIRTHPLACE (State or country): Ireland	
FULL NAME OF FATHER: P Brogan	
BIRTHPLACE OF FATHER (State or country): Ireland.	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James J Farrell

(Address) 34 Callaghan Ave

Filed 2/8 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 7 1908

I HEREBY CERTIFY, That I attended deceased from Feb 4 1908 to Feb 7 1908

that I last saw h[illegible] alive on Feb 5 1908,

and that death occurred, on the date stated above, at 12 10 P M, CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Walter D Thiel M.D.

Address Balt City Hosp

Date Feb 7 1908

Place of Burial Cathedral

Date Feb 10/908 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death**

95

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles F. Bucher

{Residence, if in Baltimore, Give Street and Number.} Bay View. 9305

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Abraham Bucher

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 2/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 27 1907 to Feb 7 1908 that I last saw h-- alive on Feb 7 1908, and that death occurred, on the date stated above, at 1.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Insanity

before entering hospital.

(DURATION) DAYS

Contributory (Primary) Hypostatic Pneumonia (DURATION) 2 days

(Signed) Robt. P. Bay M.D.

Address Bay View Pa Balto

Date Feb 7 1908

Place of Burial St Johns Cem

Date Feb 10 1908

Undertaker Wm Cook & Co

Address 508 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27.

(Place of Death.) No. 124 N. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary L. Evans

{Residence, if in Baltimore, Give Street and Number.} 124 N. Montford Ave.

C 9306

Duration of Residence in Baltimore: Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Francis Garish

BIRTHPLACE OF FATHER (State or country): Md. -

MAIDEN NAME OF MOTHER: Eliza Ruley.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ida. Davis

(Address) 10 S. Chester Ave

Filed 2/5 1908

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Feb 5 1908 that I last saw h er alive on Feb. 5 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diff[illegible] Tuberculosis

(DURATION) 36 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) G. A. Burke M.D.

Address 1000 E. Baltimore

Date Feb. 5 1908

Place of Burial Baltimore Cem

Date Feby. 8th 1908

Undertaker Wm Cook

Address 602 E North Ave

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

77

(Place of Death.) No. Continental Bldg. Baltimore St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaac. A Deal.

{Residence, if in Baltimore, Give Street and Number.} 504 Aisquith Ave. C9307

Duration of Residence in Baltimore Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Wm C Deal.

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Eliza J. Duncan

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: Plumber.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John N. Deal.

(Address) 1103 York Road.

Filed 2/8 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 6, 1908

I HEREBY CERTIFY, That I attended deceased from Coroner's to Case 190

that I last saw h— alive on — 190—

and that death occurred, on the date stated above, at 4.42 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. L. Hayden Coroner M.D.

Address 1216 N. Carolina St

Date Feb. 8, 1908.

Place of Burial Presbyterian Cem. Govans Town

Date Feb. 9. 1908.

Undertaker William Cook.

Address 502. North ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 918 Walnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hattie White

{Residence, if in Baltimore, Give Street and Number.} 408 ½ Paca st. Life C9308

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ——— 1884

AGE 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Do not know

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Family

(Address 2949 Cedar Ave.

Filed Feb 8" 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h— alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 ½ Greene St.

Date Feb. 8" 1908

Place of Burial St. Mary's Cem. Woodberry

Date Feby. 10" 1908

Undertaker Chas. F. Evans

Address 118 & 120 W. Mt. Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 9309 Registered No. B

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2220 Cambridge St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Rataciak

{Residence, if in Baltimore, Give Street and Number.} 2220 Cambridge St.

C 9309

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 5 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thomas Rataciak

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Szydlowski

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Rataciak

(Address) 2220 Cambridge St

Filed Feb 8" 1908 HARRY C. ANDREWS, Registrar

RCW PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 7 — 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 7 — 1908 to Feb. 7 1908

that I last saw h— alive on " 7 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

2 - 3 days (DURATION) DAYS

Con'ributory (Primary) Cardiac Paralysis —

(DURATION) DAYS

(Signed) Chas. A. Neer M.D.

Address 619 A Patterson Park Ave

Date Dec. 7 1908

Place of Burial St. Stanislaus

Date Sunday Feby 9" 1908

Undertaker M. F. Sadadowski

Address 908 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 2007 Barclay St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Louisa E. McMahon

{Residence, if in Baltimore, Give Street and Number.} 2001 Barclay St.

29310

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 22nd 1821

AGE: 86 years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Petersburg, Va.

FULL NAME OF FATHER: William Blick

BIRTHPLACE OF FATHER (State or country): Petersburg, Va.

MAIDEN NAME OF MOTHER: Louisa Blick

BIRTHPLACE OF MOTHER (State or country): Petersburg, Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Annie E. McMahon

(Address) 2007 Barclay St.

Filed Feb. 8 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 7th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 29 1907 to Feb. 6th 1908 that I last saw her alive on Feb 6th 1908, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthma

Senility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Josiah S. Bowne M.D.

Address Mt. Washington, Md.

Date Feb. 7th 1908

Place of Burial Balto. Cem.

Date Feb. 9th 1908

Undertaker Geo M. Fink.

Address 811 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTM

C 9311 Registered No. B C 9311

Ward 6

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Place of Death.) No. 3020 E Balto - St — St.

Full Name Mrs Barbara (Bartling) Moric

{Residence, if in Baltimore, Give Street and Number.} 3020 E Balto —

Duration of Residence in Baltimore. 39 yr — C9311

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH March 6" 1850

AGE 57 years, 10 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Theodore Kentler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hus

(Address) 3020 E. Balto St.

Filed Feb 8 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5/08 — 190

I HEREBY CERTIFY, That I attended deceased from April 1907 to Feb 5 1908

that I last saw h alive on Feb 5 1908

and that death occurred, on the date stated above, at 3

509 M. CAUSE OF DEATH (Secondary or Immediate)

Cancer uteri —

1 yr — (DURATION)

Contributory (Primary.)

(DURATION)

(Signed) Dr E C Bonner

Address 125 E Mulberry —

Date Feb 7 —

Place of Burial Mt. Carmel Cem

Date Feb. 8

Undertaker H. SANDER & SON

Address 1708-1710 Canton Ave Broadway & Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

137

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9312

City of Baltimore, (No. 304, Ramsay St. E/k St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis F. Harvey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May (Month) —21— (Day) 1873 (Year)

AGE: 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Europe

FULL NAME OF FATHER: Denis Cole

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm Harvey

(Address) 304 - Ramsay st -

Filed Feb 8 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 4 1908 to Feb. 7 1908 that I last saw her alive on Feb. 6 1908, and that death occurred, on the date stated above, at 7-45 a M. The CAUSE OF DEATH was as follows:

Puerperal Infection

..... (DURATION) ..... DAYS

Contributory Tuberculosis

..... (DURATION) ..... DAYS

(Signed) C. B. Dayer M. D.

Feb 8 1908 (Address) 1805 W. Mulberry

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park —

DATE OF BURIAL: Feb 9 1908

UNDERTAKER: C. H. McCormick

ADDRESS: 1029 W Lombard

WM. J. C. DULANY CO., BALTIMORE.

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 W. Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie C. Ridout.

{ Residence, if in Baltimore, Give Street and Number. } 206 W. Dolphin St.

Duration of Residence in Baltimore. 50 years. C9313

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ——— 1

AGE: 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Harry Nicholson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Annie M. Barker

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Produce dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Florence Bennett

(Address) 206 W. Dolphin St

Filed Feb 8" 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Feb. 7 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 30 1908 to Feb. 7 1908 that I last saw h[illegible] alive on Feb. 7 1908, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

———

(DURATION) ——— DAYS

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) 9 DAYS

(Signed) W. F. Cant, M.D.

Address 533 Mosher St.

Date Feb. 8 1908

Place of Burial Laurel Cemetery

Date Feb. 10" 1908

Undertaker Alex. Hemsley.

Address 678 N. Biddle St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

50

CERTIFICATE OF DEATH.

C9314

(Place of Death.) No. 117 W. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Rudulph Woodside

{ Residence, if in Baltimore, Give Street and Number. } 117 West Lanvale Street Baltimore Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH November 13th 1908

AGE 79 years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Eaton R. Partridge

BIRTHPLACE OF FATHER (State or country) Cecil County Md

MAIDEN NAME OF MOTHER Susan Stewart Partridge

BIRTHPLACE OF MOTHER (State or country) Balt

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank R Woodside

(Address) 117 West Lanvale Street

Filed Feb 8" 1908 BARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 7 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Feby 7th 1908,

that I last saw her alive on Feby 7th 1908,

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Coma

(DURATION) 2 DAYS

Contributory (Primary.) Diabetes Mellitus

(DURATION) Twenty Years DAYS

(Signed) H Worden Boerker M.D.

Address 806 Cathedral St

Date Feby 7. 1908. 190

Place of Burial Greenmount

Date February 10th 1908

Undertaker H. W. Jenkins Sons Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. St. Elizabeths Home - St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mildred Selby

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home -

C9315

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black -

DATE OF BIRTH: Aug. 2, 1907

AGE: ..... years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Sheldrick Selby

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Annie Jones

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabethic Home Germantown

Filed Feb 8th 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 8, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1908 to Feb. 8 1908

that I last saw her alive on Feb. 7 1908,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) 40 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A C Gillis M.D.

Address 1519 N. Carolina St.

Date 190

Place of Burial Cathedral Cemetery

Date February 9th 1908

Undertaker Selby & Pyle

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. St. Elizabeths Home - St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Cummings.

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

C 9316

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH Sept 14 1903

AGE 4 years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Charles Cummings

BIRTHPLACE OF FATHER (State or country) Unknown -

MAIDEN NAME OF MOTHER Nannie Cummings.

BIRTHPLACE OF MOTHER (State or country) Unknown -

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed Feb 8 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 7 1908.

I HEREBY CERTIFY, That I attended deceased from Dec. 9 1907 to Feb. 6 1908, that I last saw h— alive on Feb 6 1908, and that death occurred, on the date stated above, at 10

a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 60 DAYS

(Signed) A. O'Gilles M.D.

Address 1519 N. Caroline St.,

Date Feb. 7. 1908

Place of Burial Cathedral Cemetery

Date February 9th. 1908

Undertaker Felix Bise

Address 1026 Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

50

CERTIFICATE OF DEATH.

(Place of Death.) No. 1727 S Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine R. Hafferty

{Residence, if in Baltimore, Give Street and Number.} 1728 S Charles St

Duration of Residence in Baltimore. 78 Years C9317

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 12-1829

AGE 78 years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Martinsburg W Va

FULL NAME OF FATHER Jacob. Poisal

BIRTHPLACE OF FATHER (State or country) Martinsburg W. Va

MAIDEN NAME OF MOTHER Mary Diffender

BIRTHPLACE OF MOTHER (State or country) Martinsburg

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant J E Hafferty

(Address) 1728 S. Charles st

Filed Feb 8 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from Jany 25 1908 to July 7 1908 that I last saw her alive on July 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary) Diabetes

(DURATION) DAYS

(Signed) A. Theo Andrews M.D.

Address 1328 E Chase

Date July 8 1908

Place of Burial Martinsburg W Va Loudon County

Date Feb 9 1908

Undertaker John E Evans & Son

Address 1428 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

36

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9318

City of Baltimore, (No. 617, Gilbert – St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Blk

DATE OF BIRTH: March 1897 (Month) (Day) (Year)

AGE: 9 years, 11 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: ~~Charles~~ Wilson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Josephine Thomas

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Feb 9 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 20 1908 to Feb 7 1908 that I last saw her alive on Feb 4th 1908, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Syphilitic Paraplegia (Hereditary)
It has been progressive until death
had Paralysis & Convulsions (DURATION) 3 DAYS
Contributory Inherited Syphilis
Life (DURATION) DAYS

(Signed) John F Manges M. D.
1908 (Address) .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Feb 9 1908

UNDERTAKER: R St C Elliott

ADDRESS: 506 E Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

153

(Place of Death.) No. 737 E. Fort Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary Grill

{ Residence, if in Baltimore, Give Street and Number. } 1504 Boyle St 09319

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH April 30 1870

AGE 37 years, 9 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Schillinger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Caroline ———

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Grill (husband)

(Address) 1604 Boyle St

Filed Feb 9 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 7 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 1205 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Suicide by Carbolic Acid Inhaling.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Otto M Reinhard M.D.
Coroner

Address

Date February 7 1908

Place of Burial Cedar Hill

Date Feb. 10th 1908

Undertaker Edward J. Fanning

Address 1416 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 618 S. Wolf St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Adam Grinkiewic

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

C9320

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	White

DATE OF BIRTH: September 18. 1907

AGE: ....years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wizenty Grinkiewic

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Zofie Bernadzikowski

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Zofie Grinkiewicz

(Address) 618 S. Wolf St

Filed Feb. 9 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Febrar 8 th 1908

I HEREBY CERTIFY, That I attended deceased from Febrar 5 1908 to Febrar 8th 1908 that I last saw him alive on Febrar 5 1908, and that death occurred, on the date stated above, at 2 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis (DURATION) 14 DAYS

Contributory (Primary.)

Debilite (DURATION) 30 DAYS

(Signed) J. J. Szumalski M.D.

Address 722 S. Ann st

Date Febrar 8 th 1908

Place of Burial Holy Rosary.

Date Sunday Feby 9 th 1908

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

151

CERTIFICATE OF DEATH.

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name (Infant) Sanford

{ Residence, if in Baltimore, Give Street and Number. } 1518 Boyle St

Duration of Residence in Baltimore. 3 days 6 hrs. C9321

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 5 to 1908

AGE: ..... years, ... months, 3 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas E. Sanford

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elizabeth Geisler

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas E. Sanford

(Address) 1518 Boyle st.

Filed Feb 9 1908 E.C.W.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 7 1908

I HEREBY CERTIFY, That I attended deceased from Feby 5 1908 to Feby 8 1908

that I last saw her alive on Feby 8 1908

and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure - ex hemorrhage

(DURATION) 3 DAYS

Contributory (Primary.) Inanition

(DURATION) 3 DAYS

(Signed) E. Jason Miller M.D.

Address 2029 W. Baltimore St

Date Feby 9, 1908

Place of Burial Cedar Hill

Date Feb 10 to 1908

Undertaker Jos. Stumbaugh

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

61

CERTIFICATE OF DEATH.

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Veronica E Murray

{ Residence, if in Baltimore, Give Street and Number. } 1127 Sharp St

Duration of Residence in Baltimore. Lifetime 09327

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 23 1907

AGE: ..... years, 8 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John L Murray

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Nellie Jones

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Murray

(Address) 1127 Sharp St

Filed Feb 9 1908

Registrar Ecw

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6 1908

I HEREBY CERTIFY, That I attended deceased from Feb 2 1908 to Feb 6 1908

that I last saw her alive on Feb 6 1908,

and that death occurred, on the date stated above, at 5-25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Meningitis

2 hours (DURATION) ____ DAYS

Contributory (Primary) Diarrhoea (DURATION) 3 months DAYS

(Signed) J K Wiley M.D.

Address 9 W. Mt Geary ave

Date Feb 8 1908

Place of Burial St Peters

Date Feb 9 1908

Undertaker Jos. Stumbeck

Address 1318 Light str.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1310 W. Franklin St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Fahey

{ Residence, if in Baltimore, Give Street and Number. } 1310 W. Franklin

Duration of Residence in Baltimore.... 60 years C9323.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Unknown 1825

AGE: 83 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Irelande

FULL NAME OF FATHER: Thomas Larkins

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Kyne

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Fahey

(Address) 1310 Franklin St

Filed Feb. 9 1908

Registrar

ycw

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Feb 6 1908 that I last saw h[illegible] alive on Feb. 6 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Infirmities of old age.

(DURATION) DAYS

Contributory (Primary.) Hetheria

(DURATION) DAYS

(Signed) J. E. Bayne M.D.

Address 1302 W. Franklin

Date Feb. 7 1908

Place of Burial New Cathedral

Date Feb 10th 1908

Undertaker M. Fahey & Sons

Address 1062 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

105

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Paska.

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infant Asylum.

C 9374

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Sept 25 1907

AGE ..... years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Frank Paska

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Bronislawa Lisiwicka

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. Vincents Inf. Asy.

Filed Feb 9 1908 HCW

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 8. 1908.

I HEREBY CERTIFY, That I attended deceased from Feb 3 1908 to Feb 8 1908

that I last saw h(er) alive on Feb 7 1908,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

acute gastro-enteritis

Later Broncho-pneumonia

for 24 hours

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline

Date 2/8 1908

Place of Burial St Stanislaus

Date Feb 9 1908

Undertaker Joseph Zboranski

Address 1703 N Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

8

(Place of Death.) No. 315 S Monroe St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Grace Ethel Kuhl

{Residence, if in Baltimore, Give Street and Number.} 315 S Monroe

Duration of Residence in Baltimore. Life time

C 9325

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 23, 1907

AGE: ..... years, 3 months, 16 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Wm H Kuhl

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Anna Read

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Kuhl

(Address) 315 S Monroe St

Filed Feb 9 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 8 1908

I HEREBY CERTIFY, That I attended deceased from Feb 5 1908 to Feb 7 1908

that I last saw her alive on Feb 7 1908

and that death occurred, on the date stated above, at 3.30 a M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

(DURATION) 2 DAYS

Con'ributory (Primary.) Whooping Cough

(DURATION) ..... DAYS

(Signed) Walter A Coe M.D.

Address 541 Fulton Ave

Date Feb 9 1908

Place of Burial Woodlawn Cem

Date Feb 9 1908

Undertaker C B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 916 Ryan St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name James Joseph Foley

{ Residence, if in Baltimore, Give Street and Number. } 916 Ryan

C 9326

Duration of Residence in Baltimore. 17 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 22 1883

AGE 24 years, — months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) W. Va

FULL NAME OF FATHER Tom Foley

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen Brawl

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) 916 Ryan St

Filed Feb 9 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7 1908

I HEREBY CERTIFY, That I attended deceased from Jan 30 1908 to Feb 7 1908

that I last saw h alive on 190

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Spinal tuning on Right temple with pistol Shock rheumatism from brain (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Frank Jones M.D.

Address Coroners

Date Feb 9 1908

Place of Burial St Peters Cem

Date February 9 1908

Undertaker John A Moran

Address Bank & Ann Sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Samuels

{Residence, if in Baltimore, Give Street and Number.} Bay View C 9327

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male.	White.

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed Feb 9 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 7 1908

I HEREBY CERTIFY, That I attended deceased from Aug 28 1907 to Feb. 7 1908 that I last saw h alive on Feb. 7 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Roth. P. Bay M.D.

Address Bay View

Date Feb 8- 1908

Place of Burial Sacred Heart

Date Feby. 9" 1908

Undertaker Chas. H. Evans

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH

(Place of Death.) No. ~~1 Lorraine~~ 21 — Lafayette Ave P.R.R. crossing St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carlos A. Twitchell

{ Residence, if in Baltimore, Give Street and Number. } 1726 Mosher St.

C9328

Duration of Residence in Baltimore. 1870.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	67 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Buffalo N.Y.
FULL NAME OF FATHER	Austin Twitchell
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Real Estate Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry C. Twitchell

(Address) 707 Mosher

Filed Feb 9" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 8th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Shock

Kicked in stomach by horse (DURATION) ..... DAYS

Contributory (Primary.) Accidental

R. R. injuries (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. Ave. (Corner)

Date Feby. 9th 1908

Place of Burial Lorraine Park

Date Feb 9 1908

Undertaker Wm Cook

Address 502 E Hoffman ave

WM. J. C. DULANY CO., BALTIMORE

Supposed to have been walking on R.R. track, and struck by train.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 2408 Penna ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Virginia Ford

{ Residence, if in Baltimore, Give Street and Number. } 2408 Penna

C9329

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: — 1—

AGE: 75 years, ... mont's, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Nannie Hinder

(Address) 2408 Penna. Ave.

Filed Feb 9" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan-8 1908

I HEREBY CERTIFY, That I attended deceased from Jan-1st 1908 to Jan 8 1908

that I last saw h alive on Jan 8 1908

and that death occurred, on the date stated above, at 3 P M. CAUSE OF DEATH (Secondary or Immediate)

embolism

arteria Sclerosis

(DURATION) DAYS

Con'ributory (Primary) Chronic Bronchitis (DURATION) DAYS

(Signed) Edmund Jones M.D.

Address 1744 Eutaw

Date Feb 9 1908

Place of Burial Louden Park

Date Feby. 10 1908

Undertaker Jos. Syfer

Address 1600 N. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1127 Madison ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura C. Webster

{Residence, if in Baltimore, Give Street and Number.} 1127 Madison ave

Duration of Residence in Baltimore. Life C 9330

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	white
DATE OF BIRTH	Sept. 18 1838
AGE	69 years, 4 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Harford Co. Md.
FULL NAME OF FATHER	Bernard Mitchell
BIRTHPLACE OF FATHER (State or country)	Harford co Md.
MAIDEN NAME OF MOTHER	Eliz. Anderson.
BIRTHPLACE OF MOTHER (State or country)	Balto Co. Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. P. Webster

(Address) 1127 Madison ave

Filed Feb 9" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 8" 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10th 1908 to Feb 8th 1908 that I last saw her alive on Feb 1st 1908, and that death occurred, on the date stated above, at 5 A M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis (Chronic)

Two years (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) H. Chambers M.D.

Address 18 N Franklin St

Date Feb 9" 1908 Harford Co Md

Place of Burial Havre De Grace

Date February 10 1908

Undertaker E M. Mitchell

Address 120 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2637 Hudson St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walenty Brzozowski

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life time

C 9331

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 25 1908

AGE: ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Josef Brzozowski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Antonina Wolkrazka

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josef Brzozowski

(Address) 2637 Hudson St

Filed Feb 9" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 8th 1908

I HEREBY CERTIFY, That I attended deceased from February 7 1908 to February 7 1908 that I last saw him alive on February 7 1908, and that death occurred, on the date stated above, at 7.30

1. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis (DURATION) 10 DAYS

Contributory (Primary) Exhaustion (DURATION) 10 DAYS

(Signed) J. J. Szmaltzki M.D.

Address 922 S. Ann St

Date February 8th 1908

Place of Burial Holy Rosary.

Date Monday Feby 10th 1908

Undertaker M. J. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

18

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Reuben J Johnson

{ Residence, if in Baltimore, Give Street and Number. } Franklin P.O. S.C.

Duration of Residence in Baltimore. 7.

C9332

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 1 1851

AGE 56 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) S. C.

FULL NAME OF FATHER Pleasant Johnson

BIRTHPLACE OF FATHER (State or country) S. C.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) S. C.

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj F. Glanton

(Address) Franklin P.O. Md

Filed Feb 9" 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 9 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1907 to Feb 9 1908

that I last saw h[illegible] alive on Feb 9 1908 5.30

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immed[illegible]

Erysipelas

(DURATION) D. Ys

Contributory (Primary) Hydrocele

(DURATION) Yrs

(Signed) P. M. Blough M.D.

Address Johns Hopkins Hosp.

Date February 9 1908

Place of Burial Edgefield S. C.

Date Feb 9 1908

Undertaker Willard E Fuller

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9333

City of Baltimore, (No. 1948 W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nathaniel B. Abbott

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	Unknown 1
AGE	57 years, — months, — days
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	New Hampshire
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Inventor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Batchelder

(Address) 1948 W. Fayette St.

Filed 2/10 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 8th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 14th 1908 to Feb 8th 1908 that I last saw him alive on Feb 8th 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Gradual exhaustion, practically from Starvation caused by disease of stomach, due I think to Stricture of pylorus with great dilatation of stomach which long antedated my first day's (DURATION) DAYS

Contributory His history and condition prior to above cause of death (DURATION) DAYS

(Signed) Jno. J. Lay M. D.

Feb 8th 1908 (Address) 8 E. Park ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New York City	Feby 10th 1908.
UNDERTAKER	ADDRESS
George A. Gerberg	14 S. Pulaski St

WM. J. C. DULANY CO., BALTIMORE

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 637 S. Paca St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Schaub.

{Residence, if in Baltimore, Give Street and Number.} 637 S. Paca St.

C9334

Duration of Residence in Baltimore. 53 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 29th 1835

AGE: 72 years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Deifer.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Hofpuch.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christian H. Schaub.

(Address) 637 S. Paca St.

Filed 2/10 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 8th 1908

I HEREBY CERTIFY, That I attended deceased from June 11 1907 to Feb. 8 1908

that I last saw her alive on Feb. 8 1908, 4.30

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraus Apoplexy.

(DURATION) DAYS

Contributory (Primary.) Asthma

(DURATION) DAYS

(Signed) S. M. Lemperin M.D.

Address 602 S Paca St.

Date Feb. 8 1908

Place of Burial Baltimore Cemetery

Date Feb. 10th 1908

Undertaker Jos & Jos John H. Teufel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

54

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles J. Dett.

{Residence, if in Baltimore, Give Street and Number.} 1316 N. Stockton St.

C9335

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Dec. 1 1833

AGE: 73 years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): U.S.A.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Dett Jr

(Address) 1316 Stockton St

Filed 2/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 9 1908

I HEREBY CERTIFY, That I attended deceased from Feb 3 1908 to Feb 9 1908

that I last saw him alive on Feb 9 1908

and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Extinction

(DURATION) 14 DAYS

Contributory (Primary.) Senile debility

(DURATION) 360 DAYS

(Signed) George R. Jones M.D.

Address MD Homoeopathic Hospital

Date Feb 9 1908

Place of Burial cut answer

Date Feb 11 1908

Undertaker W. J. Johnson

Address 614 Baker.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 2324 Etting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie M. Pratt.

{ Residence, if in Baltimore, Give Street and Number. } 2324 Etting st

Duration of Residence in Baltimore. life

C9336

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Elep Pratt

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Fannie young

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Porters

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dover Edwards

(Address) 2324 Etting st

Filed 2/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan 30 — 1908 to Feb 7 — 1908 that I last saw her alive on Feb 7 — 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonitis & Hepatetis

(DURATION) 5 DAYS

Contributory (Primary.) La Grippe

(DURATION) 3 DAYS

(Signed) W. C. Harris M.D.

Address 1344 Druid Hill Ave

Date Feb 8 — 1908

Place of Burial asbeary cmtry

Date Feb 10 1908

Undertaker W. J. Johnson

Address 614 Baker

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Eppen

{Residence, if in Baltimore, Give Street and Number.} 104 N. Howard St

Duration of Residence in Baltimore. 3 months

C9337

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Male~~ Male | COLOR ~~White~~ White

DATE OF BIRTH 1

AGE 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed 2/10 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 8 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 27 1908 to Feb. 8 1908 that I last saw him alive on Feb. 8 1908, and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 13 DAYS

Contributory (Primary.) Tuberculous Pneumonia (DURATION) 13 DAYS

(Signed) Eugene L. Peugnet M.D.

Address St Joseph's Hosp.

Date Feb 8 1908

Place of Burial Richmond Va

Date Feb 8 1908

Undertaker Wm. Peters & Son

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

121

CERTIFICATE OF DEATH.

(Place of Death.) No. 1426 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Fields

{Residence, if in Baltimore, Give Street and Number.} 1426 Division St

Duration of Residence in Baltimore. 3 years C 9338

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1863

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Sophia Fields

(Address) 1426 Division St

Filed 2/10 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7 1908

I HEREBY CERTIFY, That I attended deceased from Feb 3 1908 to Feb 7 1907 that I last saw h alive on Feb 7 1908 and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute suppression of urine

(DURATION) 6 DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) L L Hankins M.D.

Address 1202 N. Eutaw

Date Feb 9 1908

Place of Burial Laurel Cem

Date Feby 10 th 1908

Undertaker Hamt H. Close Jr

Address 1100 Mosher

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

93

CERTIFICATE OF DEATH.

C 9339

(Place of Death.) No. 2428 Etting St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name William White

{Residence, if in Baltimore, Give Street and Number:} 2428 Etting St

Duration of Residence in Baltimore. Five years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: about 1858

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): not known

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): not known

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs White

(Address) 2428 Etting St

Filed 2/10 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 8 1908

I HEREBY CERTIFY, That I attended deceased from Feb 4 1908 to Feb 8 1908 that I last saw h[illegible] alive on Feb 8 1908 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 4 DAYS

Con'ributory (Primary.)

asphyxia (DURATION) 1 DAY

(Signed) T. E. Daugherty M.D.

Address 1442 Presstman St.

Date Feb 8 1908

Place of Burial Mt Zion Cem 4th & Ely O

Date 1908

Undertaker Sam'l H. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9340

City of Baltimore, (No. 326 N. Strieker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]
Infant of Wm. Fredrick & Lillie M. Hasselbaugh
FULL NAME Not Named.
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: Feb (Month) 8 (Day) 1908 (Year)
AGE: ..... years, ... months, 11 hours days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
BIRTHPLACE (State or country): Md.
FULL NAME OF FATHER: Wm Fred'k Hasselbaugh
BIRTHPLACE OF FATHER (State or country): Baltimore
MAIDEN NAME OF MOTHER: Lillie May Shipley
BIRTHPLACE OF MOTHER (State or country): Howard Co Md.
OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F. Hasselbaugh
(Address) 326 N Strieker St

Filed 2/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 8 1908 to Feb 8 1908
that I last saw h~~im~~ alive on Feb 8 1908,
and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Undeveloped Heart
(DURATION) DAYS
Contributory Premature Birth
(DURATION) DAYS
(Signed) F. J. Damrow M. D.
Feb 9 1908 (Address) 317 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	2-10th 1908
UNDERTAKER	ADDRESS
Robt. Brooks & Son	17 W. Calhoun St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. Lakeside Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George A. Mantter.

{Residence, if in Baltimore, Give Street and Number.} 300 S. Gilmore.

Duration of Residence in Baltimore. Life C9341

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH Aug 31st 1832

AGE 58 years, 5 months, 7 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Mantter

(Address) 300 S. Gilmore St

Filed 2/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 8 — 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h... alive on 190

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

1 Bright's Disease

Uremic Convulsions

DURATION 4 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred'k Chatters M.D.

Address Coroner N. D.

Date Feb. 9 — 1908

Place of Burial Balto Cemetery

Date Feb. 11th 1908

Undertaker Germanus Trauce

Address Bank & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the perso ceased, and the **cause and date of death.**

Ward 6 Registered No. B

88

CERTIFICATE OF DEATH.

(Place of Death.) No. 1221 St. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Reynolds

{ Residence, if in Baltimore, Give Street and Number. } 1221 St. Eden st

Duration of Residence in Baltimore. Life C9342

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 1st 1847

AGE: 58 years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Hugh Reynolds

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Frances McConcail

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen A. Reynolds

(Address) 1221 N. Eden st.

Filed 2/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH FEB 7 1908 190

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1907 to Feb. 7 1908

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

Six months (DURATION) DAYS

Contributory (Primary.) Cold

(DURATION) DAYS

(Signed) Geo. W. Simpson M.D.

Address 1026 N. Broadway

Date FEB 8 1908 190

Place of Burial Oak Lawn. Com.

Date FEB 10 1908 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1114 Argyle Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Winslow Davis

{ Residence, if in Baltimore, Give Street and Number. } 1114 Argyle Ave

40 yrs - C9343

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR colored

DATE OF BIRTH 1

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowers

BIRTHPLACE (State or country) N. Carolina

FULL NAME OF FATHER Winslow Davis

BIRTHPLACE OF FATHER (State or country) N. Carolina

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) N. Carolina

OCCUPATION OF DECEASED Gradman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Davis

(Address) 114 Argyle Ave

Filed 2/10 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 8 1908

I HEREBY CERTIFY, That I attended deceased from November 1907 to February 1908

that I last saw him alive on July 8 1908;

and that death occurred, on the date stated above, at 7:55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Diabetes (DURATION) DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E Read St

Date July 10 1908

Place of Burial Mt Hebron

Date Dec 15 1908

Undertaker Burgess Undertaking Co

Address 2 & 4 Maple Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 840 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Philip Wagner

{Residence, if in Baltimore, Give Street and Number.} 840 W Lombard St

C 9344

Duration of Residence in Baltimore. 76 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Dec 2 1823

AGE 84 years, 2 months, 6 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Shoe Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF ~~MY~~ KNOWLEDGE AND BELIEF.

(Informant) Mrs C G Westcott

(Address) 840 W Lombard

Filed 2/10 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 8 1908

I HEREBY CERTIFY, That I attended deceased from about Jany 14 1908 to Feby 8 1908 that I last saw h[im] alive on about Feby 3 1908 and that death occurred, on the date stated above, at 11.45 a M. CAUSE OF DEATH (Secondary or Immediate)

Death came suddenly - Uraemic - Stupor

(DURATION) DAYS

Contributory (Primary) Bright's

(DURATION) Many DAYS

(Signed) W. Strakemp M.D.

Address 8 W 25th St

Date Feby 9 1908

Place of Burial Greenmount

Date Feb 10, 1908

Undertaker J. E. Cook

Address 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1328 W Lombard St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia M. Kirby

{Residence, if in Baltimore, Give Street and Number.} 1328 W. Lombard St

Duration of Residence in Baltimore. Lifetime C 9345

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jany 29 1882

AGE 26 years, months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Michael Kirby

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Anna Walsh

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Drummaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anna Kirby

(Address) 1328 W Lombard St

Filed 2/10 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febry 8th 1908

I HEREBY CERTIFY, That I attended deceased from October 1907 to Jan 1908

that I last saw h... alive on Jany 17 1908,

and that death occurred, on the date stated above, at 5 a. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwards O'Donovan M.D.

Address 10 E. Read St

Date Feb 9 1908

Place of Burial New Cathedral Cem

Date February 12. 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

CERTIFICATE OF DEATH.

(Place of Death.) No. 705 N. German St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Fuller

{Residence, if in Baltimore, Give Street and Number.} 705 German St

Duration of Residence in Baltimore Life

C934L

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 19 1860

AGE 47 years, 8 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Joseph Fuller

BIRTHPLACE OF FATHER (State or country) Europe

MAIDEN NAME OF MOTHER Margaret — —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Rotion Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sophia Fuller

(Address) 705 German St

Filed 2/10 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febry 9th 1908

I HEREBY CERTIFY, That I attended deceased from Febry 2 1908 to Febry 8 1908

that I last saw h~~im~~ alive on Febry 8 1908,

and that death occurred, on the date stated above, at 2 a. M. CAUSE OF DEATH (Secondary or Immediate)

asthenia

(DURATION) DAYS

Contributory (Primary.) Delerium Tremens

and Erysipelas (DURATION) 7 DAYS

(Signed) Geo L. Williams M.D.

Address 6 N. Broadway

Date Febry 9 — 1908

Place of Burial Mt. Cathedral Cem

Date Feb. 13, 1908

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 703 William St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia E. Channock.

{ Residence, if in Baltimore, Give Street and Number. } 703 William St

Duration of Residence in Baltimore. One Year. C9347

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W

DATE OF BIRTH June 12 1905

AGE 2 years, 7 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Walter L Channock.

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Elizabeth Riggin

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter L Channock.

(Address) 703 William St.

Filed 2/10 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 8 1908

I HEREBY CERTIFY, That I attended deceased from Jany 30 1908 to Feby 8 1908 that I last saw her alive on Feby 8 1908, and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Central Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. L. Smith M.D.

Address 538 Hanover St.

Date Feby 9. 1908

Place of Burial Cedar Hill Cemetery

Date Feb 10 1908

Undertaker W. Maurice Rowland

Address 230 E Green St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1524 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Christmann

{ Residence, if in Baltimore, Give Street and Number. } No. 1524 Eastern Ave

Duration of Residence in Baltimore. twenty four years

C 9348

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 29-1850

AGE: 57 years, 7 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Phillip Christman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Christman

(Address) 1524 Eastern ave

Filed 2/10 1908

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febr. 9th 1908

I HEREBY CERTIFY, That I attended deceased from Febr. 4th 1908 to Febr. 9th 1908

that I last saw him alive on Febr 8th 1908,

and that death occurred, on the date stated above, at 10.25 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

about one week (DURATION) DAYS

Contributory (Primary) Chronic Interstitial Pneumonia (DURATION) 2 years

(Signed) Fredk A. Conrad M.D.

Address 2244 E. Baltimore Ste.

Date Febr. 9th 1908

Place of Burial Loudon Park Cemetery

Date Febr 12. 1908

Undertaker Louis Herman

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and **the cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 18 S. East avenue ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Regina Budemeier

{ Residence, if in Baltimore, Give Street and Number. } 18 S. East Ave.

Duration of Residence in Baltimore. 61 years. C 9349

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~White~~ Female | COLOR White

DATE OF BIRTH September 7th 1820

AGE 87 years, 5 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Anldfaught

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Base

(Address) 18 S East ave.

Filed 2/10 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febry 9th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1907 to Febry 9th 1908 that I last saw h[illegible] alive on Feb 8th 1908, and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Arteria sclerosis

(DURATION) 16 weeks

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw. M. Singwald M.D.

Address 5 N. Washington st

Date Febry 9th 1908

Place of Burial Mount Carmel Cemetery

Date Febr 12 1908

Undertaker Saul's Funeral

Address 30 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 17

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9350

City of Baltimore, (No. 1912, Edmondson Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME R Cookman Ihrie

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.	COLOR: White.
DATE OF BIRTH: March (Month) 21 (Day) 1883 (Year)	
AGE: 24 years, 10 months, 17 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.	
BIRTHPLACE (State or country): St.Marys.Co.Md.	
FULL NAME OF FATHER: John Ihrie,	
BIRTHPLACE OF FATHER (State or country): Not Known.	
MAIDEN NAME OF MOTHER: Edith J.Jones.	
BIRTHPLACE OF MOTHER (State or country): St.Marys Co.Md.	
OCCUPATION OF DECEASED: Pattirn Maker.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Ihrie,

(Address) 1912 Edmondson Ave,

Filed 2/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 15th 1908 to Feb 8th 1908

that I last saw h— alive on Feb 7th 1908,

and that death occurred, on the date stated above, at 7 a M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) ? DAYS

Contributory (DURATION) DAYS

(Signed) Edward L. Mortimer M.D.

Feb 8th 1908 (Address) 1211 Fountain Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt.Olivet,	Feb.10 1908.
UNDERTAKER	**ADDRESS**
George W.Little,	531 N.Fremont Ave

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No. 904, Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary L. Ryall

{ Residence, if in Baltimore, Give Street and Number. } 904, Eastern ave

Duration of Residence in Baltimore. life

c 9351

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH July 7. 1892

AGE 15 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Jno. Betts

BIRTHPLACE OF FATHER (State or country) Baltimore Md,

MAIDEN NAME OF MOTHER Mary Betts

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ryall

(Address) 904 Eastern ave

Filed 2/10 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febr. 8 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 31 1908 to Febr. 9 1908 that I last saw her alive on Febr. 8 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 2 DAYS

Contributory (Primary.) La Grippe,

Capsilary bronchitis (DURATION) 10 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121, Jackson Square

Date Febr. 10 1908

Place of Burial Sacred Heart Cem

Date Jan 11 1908

Undertaker Wendell Dippel & Son

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased, or the Undertaker, or other person superintending the burial, a certificate ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9352

City of Baltimore, (No. 42 S. Fulton Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Peter Leonard

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W. White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James P. Healy

(Address) 42 S. Fulton Ave.

Filed 2/10 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 8th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 6th 1908 to Feb. 7th 1908 that I last saw him alive on Feb. 7th 1908, and that death occurred, on the date stated above, at 4-30 P. M. The CAUSE OF DEATH was as follows:

Thrombosis

(DURATION) 2 DAYS

Contributory Gangrene

(DURATION) 1½ DAYS

(Signed) Wm. Nichols M. D.

Feb. 8th 1908 (Address) 30 N. Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: 2/10 1908

UNDERTAKER: Crowley Bros — ADDRESS: 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 9353

Registered No. B

City of Baltimore, (No. 21st & W Gilford Av St.; Home Infirmary Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A. Orme

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 89 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs John H Hopkins Care to Home Infirmable

(Address) .....

Filed 2/10 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 9th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Past 2 Yrs 1908 to 1908

that I last saw h[er] alive on Feb 7 1908,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) C. M. Gabriel M. D.

Feb 9 1908 (Address) 1402 St Paul St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Feb 11th 1908

UNDERTAKER: H E Hughes

ADDRESS: 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 132 E Fort ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Parents Full Name Gilbert A. Dailey
Agnes M Dailey

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Lifetime

C 9354

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH Feby 9 1908

AGE 7th Foetal Month years, month 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Gilbert A. Dailey

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Agnes M Bruny

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gilbert A Dailey

(Address) 132 E Fort Ave.

Filed 2/10 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 9th 1908

I HEREBY CERTIFY, That I attended deceased from 2.9 1908 to 2.9 1908 that I last saw h[illegible] alive on 2.9 1908, and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

Cause Unknown

Lived Nine hours (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) J Turlington M.D.

Address 902 E Fort Ave

Date Feb 10 1908

Place of Burial Catholic Cem

Date Feb 10 1908

Undertaker Darius and Margaret Flynn

Address 42 East West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1006 S. Sharp St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Richard Baker -

{ Residence, if in Baltimore, Give Street and Number. } 1006 S. Sharp St.

Duration of Residence in Baltimore. Life - C9355

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Sept 3d 1907

AGE ..... years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single -

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Chas. Nelson Baker

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Louisa Zimmerman.

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. N. Baker (Father)

(Address) 1006 Sharp St

Filed 2/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 9 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1 1908 to Feb 9 1908

that I last saw h— alive on Feby 9 1908, and that death occurred, on the date stated above, at 11 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia -

(DURATION) 9 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) Frank C. Ferguson M.D.

Address 1006 S. Sharp St.

Date Feby 9 - 1908

Place of Burial Western Cemetery

Date February 10 1908

Undertaker Wm J. Tickner & Son

Address 425 W. Camden st

WM. J. C. DULANY CO., BALTIMORE

racts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***nty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 9356

City of Baltimore, (No. 1010 N. Appleton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank H. Shields

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 3 1847 (Month) (Day) (Year)
AGE	30 years, 6 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Geo H. Shields
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Caroline Lane
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	Shirt Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Moran

(Address) 1204 Bayard

Filed 2/10 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 8 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 27 1907 to Feb 8 1908

that I last saw h[illegible] alive on Feb. 8 1908,

and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Intestinal " ?

about 7 mos. (DURATION) [illegible] DAYS

Contributory General weakness

one Month (DURATION) DAYS

(Signed) Chas. E. Conser M. D.

Feb. 8 1908 (Address) 1113 N. Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Catholic Cem Bonnie Brae — DATE OF BURIAL: Feb 10 1908

UNDERTAKER — ADDRESS

JOHN E. HOUGH CO [illegible] Penna. Ave., Baltimore, Md.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 509 Brown St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick B. Litz

{Residence, if in Baltimore, Give Street and Number.} 509 Brown St

Duration of Residence in Baltimore. Life C9357

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	2 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Jos H Litz
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Katie Walsh
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 2/10 1908

HARRY C. ADDRAMS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 8th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1908 to Feb 8th 1908

that I last saw him alive on Feb 7th 1908

and that death occurred, on the date stated above, at 3.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Catarrhal Bronchitis
& Asthmia.

(DURATION) 8 DAYS

Contributory (Primary) ✓

(DURATION) DAYS

(Signed) John I. McCauley M.D.

Address 656 W Franklin St

Date Feb 8th 1908

Place of Burial New Cathedral

Date Feb 10 1908

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Tillman

{ Residence, if in Baltimore, Give Street and Number. }

C9358

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: Col.

DATE OF BIRTH: 1

AGE: 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing.

BIRTHPLACE (State or country): N. C

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holliday,

(Address) BAY VIEW ASYLUM

Filed 2/10 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 6 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 27 1906 to Feb. 5 1908

that I last saw her alive on Feb. 6 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Feb - 6 - 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 7 - 1908 190

Undertaker Geo. Thompson

Address 1805 Hope St

FOR ANATOMICAL PURPOSES

31

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Cl'ds of Frank'g Carry [redacted] (Cross) St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name 2805 Valley St

{ Residence, if in Baltimore, Give Street and Number. } 2805 Valley St.

Duration of Residence in Baltimore. Lifie

C 9359

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: B

DATE OF BIRTH: 1

AGE: V years, X months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/10 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 7 — 1908

I HEREBY CERTIFY, That I attended deceased from

[redacted] 190 to [redacted] 190

that I last saw h[redacted] alive on [redacted] 190 , and that death occurred, on the date stated above, at 7½ a. m.

CAUSE OF DEATH (Secondary or Immediate)

Premature. Uteo Gestation (7 mo)

Cause of Premature Birth (DURATION)

Contributory (Primary) Not known

(DURATION) DAYS

(Signed) Fredk Carruth M.D.

Address Corner

Date Feb 7 — 08 190

JOHNS HOPKINS HOSPITAL

Place of Burial

Date Feb 8 1908

Commissioner Health.

Undertaker per Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

(32)

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 E 23rd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Coates

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

C9360

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Oct ~~21~~ 1st 1907

AGE: ..... years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Coates

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Eliz Cole (1st cousin)

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Naughton Bagley

(Address) Lineford Md

Filed 2/10 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 6 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1907 to Feby 6 1908

that I last saw him alive on Feb 6 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Syphilis

Ultimate Cause of Asthenia & Exhaustion, was the immediate cause (DURATION) 30 DAYS

Contributory (Primary.) congenital Syphilis

Hemorrhage Brain (DURATION) — DAYS

(Signed) Naughton Bagley M.D.

Address Lineford Md R F D 2nd

Date Feby 8 1908

Place of Burial JOHNS HOPKINS HOSPITAL.

Date Feb 8 1908

Undertaker Commissioner Health.
Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Mary Jones (Jones)

{ Residence, if in Baltimore, Give Street and Number. } 622 W. Lombard St

C9361

Duration of Residence in Baltimore. 3 hrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 7 1

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER Mary Jones

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jones

(Address) ?

Filed 2/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7 1908

I HEREBY CERTIFY, That I attended deceased from Feb 2 1908 to Feb 7 1908

that I last saw h[illegible] alive on Feb 7 1908,

and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Valentine M.D.

Address 622 W. Lombard St

Date Feb 7. 1908

JOHNS HOPKINS HOSPITAL

Place of Burial

Date Feb 8 1908

Undertaker Commissioner Health.

Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

32

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

43

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaiah Booze

{Residence, if in Baltimore, Give Street and Number.}

C 9362

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): /

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Booze Lamar Hollyday, Supt.

(Address) 1154 Shields alley BAY VIEW ASYLUM

Filed 2/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 7 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 6 1908 to Feb. 7 1908 that I last saw h im alive on Feb. 7 1908, and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Con tributory (Primary.) Hemiplegia

(DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Feb. 8 1908

Place of Burial National Cemetery

Date Feb 11 1908

Undertaker A. J. Freeland

Address 106 Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 122 S. Greene, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Senkus,

{ Residence, if in Baltimore, Give Street and Number. } 122 S. Greene St.

Duration of Residence in Baltimore. 18 Years C9363

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Presser

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. Buthe

(Address) 122 S Green St

Filed 2/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 9, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1907 to Feb. 9, 1908 that I last saw h im alive on Feb. 8, 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

A. Cardiac dilatation

(DURATION) 21 DAYS

Contributory (Primary.) Chronic Bronchitis

(DURATION) 15 Years

(Signed) Albert J. Chambers. M.D.

Address 614 S. Paca St.

Date Feb 10, 1908

Place of Burial Loudon Park

Date Feb 11 1908

Undertaker H. S. Tisch

Address 2113 W. Pratt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1842 Mc Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Areetta Jones

{ Residence, if in Baltimore, Give Street and Number. } 1842 Mc Henry st

Duration of Residence in Baltimore... 40 years

C 9364

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	May 25 1
AGE	About 63 years ..... months ..... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Dont Know
BIRTHPLACE OF FATHER (State or country)	Salsbury Md
MAIDEN NAME OF MOTHER	Aretha Paul
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Mrs Jones

(Address) 1842 Mchenry St

Filed 2/10 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 9th 1908

I HEREBY CERTIFY, That I attended deceased from Feby 8th 1908 to Feby 9th 1908 that I last saw her alive on Feby 8th 1908, and that death occurred, on the date stated above, at 7.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Senile debility

(DURATION) DAYS

(Signed) E. A. Knox M.D.

Address 1727 N Lombard st

Date Feby 9th 1908

Place of Burial Leudens Park

Date Feby 11 190

Undertaker N S Tinsley

Address 2113 N Bond St

WM. J. C. DULANY CO., Baltimore

CERTIFICATE OF DEATH.

(Place of Death.) No. 1037. N. Front st. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Thomas O'Donnell

{ Residence, if in Baltimore, Give Street and Number. } 1037 N Front

C 9365

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: Feb. [redacted].23 1882.

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland. Co Louth

FULL NAME OF FATHER: Francis O'Donnell

BIRTHPLACE OF FATHER (State or country): Ireland Shanna Golden.

MAIDEN NAME OF MOTHER: Johanna Mc Roach.

BIRTHPLACE OF MOTHER (State or country): Banoni Roach. Shanna. Golden.

OCCUPATION OF DECEASED: Blacksmith.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johanna O Donnell.

(Address) 1037. N. Front st.

Filed 2/10 1908

HARRY C. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 8th 1908

I HEREBY CERTIFY, That I attended deceased from 7th Feby P.M. 1908 to 8th Feby 1908 that I last saw h[illegible] alive on Feby 7th 1908, and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Ethanstion

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 7 DAYS

(Signed) Geo B. Rawley M.D.

Address 809 N Charles

Date Feby 8th 1908

Place of Burial Cathedral Cem ~~Bonnet Brae~~

Date Feb 10 1908

Undertaker William Cooke

Address 502. Madison ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1912 E. Baltimore St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William P. J. Sullivan

{ Residence, if in Baltimore, Give Street and Number. } 1912 E. Baltimore St

Duration of Residence in Baltimore. Life

C 9366

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct. 8 1882

AGE: 25 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Patrick J Sullivan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary E. O'Keefe

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Clerks

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed. V. Sullivan

(Address) 1912 E Baltimore St

Filed 2/10 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Baltimore Feby 8th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1908 to Feby 8th 1908

that I last saw him alive on Feby 6 1908,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

1

Laryngeal Tuberculosis. (DURATION) DAYS

Contributory (Primary)

Exhaustion (DURATION) DAYS

(Signed) Robt. J. Kirk M.D.

Address 1610 E. Baltimore St.

Date Balto. Feby 8th 1908.

Place of Burial St Vincents Cem

Date Feb. 11 1908

Undertaker Lenhook

Address 502 E. North Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name***, ***sex***, ***age***, ***condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1240 Edward St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Green

{Residence, if in Baltimore, Give Street and Number.} 1240 Edward St

C9367

Duration of Residence in Baltimore. 16 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1876

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: Chas. Green

BIRTHPLACE OF FATHER (State or country): N. Carolina

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): N. Carolina

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Ayers

(Address) 1240 Edward

Filed 2/10 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 8th 1908

I HEREBY CERTIFY, That I attended deceased from 16th July 1908 to Feb. 7th 1908

that I last saw him alive on 7th 1908,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Bronchial

one month (DURATION) ..... DAYS

Contributory (Primary) Exhaustion (DURATION) ..... DAYS

(Signed) F. A. Sauer M.D.

Address 1400 Jefferson

Date Feb. 8th 1908

Place of Burial Laurel

Date February 10 — 1908

Undertaker R. Gilliatt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9368

City of Baltimore, (No. 1717, McCubbin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rachael Bowie

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 56 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland -

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: House work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1717 McCubbin St

Filed 2/10 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Feb 9 1908 that I last saw h er alive on Feb 8 1908, and that death occurred, on the date stated above, at 5 20 P. M. The CAUSE OF DEATH was as follows:

General Debility -

Senile Marasmus (DURATION) ..... DAYS

Contributory to

Exhaustion (DURATION) ..... DAYS

(Signed) W W White M. D.

Feb 10 1908 (Address) 1101 D Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: Feb 12 1908

UNDERTAKER: R A Elliott

ADDRESS: 506 Rogers Ave.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name David Wilson

{ Residence, if in Baltimore, Give Street and Number. } #1107 Etting alley

Duration of Residence in Baltimore. 35 years. c9369

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR B

DATE OF BIRTH 1

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M —

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie E. Wilson

(Address) 1409 Penna ave.

Filed 2/10 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7 1908

I HEREBY CERTIFY, That I attended deceased from Feb 6 1908 to Feb 7 1908

that I last saw h[im] alive on Feb 7 1908,

and that death occurred, on the date stated above, at 1

11. CAUSE OF DEATH (Secondary or Immediate)

Facial Erysipelas

(DURATION) 5 DAYS

Contributory (Primary.) Exhaustion

& Epilepsia (DURATION) DAYS

(Signed) J. N. Baker M.D.

Address Balto City Hosp.

Date Feb 7 1908

Place of Burial Laurel

Date February 11th 1908

Undertaker R. A. Elliott

Address 506 Rogers Av

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

11

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence Anderson

{ Residence, if in Baltimore, Give Street and Number. } ——

C 9370

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: colored

DATE OF BIRTH: 1

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Adams

(Address) 1228 Jefferson

Filed 2/10 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

016
O.D. 3

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 7th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 7th 1908 to Feb 7th 1908

that I last saw him alive on Feb 7th 1908

and that death occurred, on the date stated above, at 8 P.M.

11. CAUSE OF DEATH (Secondary or Immediate.)

Toxemia

(DURATION) ... DAYS

Contributory (Primary.) Peritonitis (resulting from appendicitis)

(DURATION) ca 0W2 DAYS

(Signed) J. N. Bird M.D.

Address University Hospital

Date Feb 9th 1908

Place of Burial Laurel

Date Feby 11th 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

108

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna Brooks

{ Residence, if in Baltimore, Give Street and Number. } 807 Plum alley C9371

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B.

DATE OF BIRTH 1

AGE 5 years, months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 9 1908

I HEREBY CERTIFY, That I attended deceased from Feb 7 1908 to Feb 9 1908 that I last saw h alive on Feb 9 1908, and that death occurred, on the date stated above, at 2.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Obstruction
Intestines

(DURATION) 6 DAYS

Contributory (Primary.) Epilepsy

(DURATION) 2 DAYS

(Signed) R. R. Reiter M.D.

Address Bacto Dept.

Date Feb 9 1908

Place of Burial COLLEGE OF P. & S

Date FEB 10 1908 190

Undertaker Commissioner Health,
Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 248 S. Castle St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael Amman

{ Residence, if in Baltimore, Give Street and Number. } 248 S. Castle St.

Duration of Residence in Baltimore. 66 years

C 9372

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 25 1825

AGE: 82 years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Elias Amman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Rock

(Address) 243 S. Castle St.

Filed 2/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 9, 1908

I HEREBY CERTIFY, That I attended deceased from Feb 7, 1908 to Feb 9 1908 that I last saw h alive on Feb 9 1908, and that death occurred, on the date stated above, at 3-20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Exhaustion

(DURATION) 8 DAYS

Contributory (Primary) Senility (DURATION) — DAYS

(Signed) Geo Keller M.D.

Address 1937 Gough St

Date Feb 10, 1908

Place of Burial Holy Redeemer Cemetery

Date February 12th 1908

Undertaker Germanus Frame

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 9373

City of Baltimore, (No. 917 E. Eager St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Dorn, Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Feb 10 1908
(Month) (Day) Year)

AGE — years, — months, 1/2 hours

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Geo Dorn

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mamie McGinn

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Dorn

(Address) 917 E Eager St

Filed 2/10 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 10, 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Febr. 10, 1908 to Febr. 10, 1908 that I last saw h in alive on Febr 10 1908, and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Atalectasis of lungs
Child lived one and half hours after birth.
Six months baby

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) F. E. Brown M. D.

190 (Address) 926 E. Eager St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St Thomas | DATE OF BURIAL Febr 10 1908

UNDERTAKER Clark & Turner | ADDRESS 1442 Balto

CERTIFICATE OF DEATH.

(Place of Death.) No. 202 Eutaw Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alfred H Gent

{ Residence, if in Baltimore, Give Street and Number. } 327 E. Lafayette ave @9374

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: White

DATE OF BIRTH: 1

AGE: 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: Wm Gent

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Elizabeth Ritter

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: Commission Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel T. Gent.

(Address) 327. E Lafayette Ave.

Filed Feb. 10 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 8, 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1908 to Feb 1908

that I last saw h— alive on —— 190—;

and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) — DAYS

Con ributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N Caroline St

Date Feb. 9, 1908

Place of Burial Loudon Park Cemetery

Date Feby. 11 1908

Undertaker W. E. Cook

Address 502 E Monument Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1548 North Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann Remington

{ Residence, if in Baltimore, Give Street and Number. } 1548 North Fulton ave.

Duration of Residence in Baltimore. England

C9375

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 75 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): England.

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss anna Remington

(Address) 1548 N. Fulton ave

Filed 2/10 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 10 1908

I HEREBY CERTIFY, That I attended deceased from Feb 3 1908 to Feb 10 1908 that I last saw h~~er~~ alive on Feb 9 1908, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Old age + Arterial Sclerosis

(DURATION) 7 years ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. Miles Wheeler M.D.

Address 2129 N. Smith ave

Date Feb 10. 1908

Place of Burial Druid Ridge Cem

Date Friday 13th 1908

Undertaker Henry M. Jenkins Sons Co

Address 300 N. Gradison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE. 15

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 9376

Registered No. B .....

City of Baltimore, (No. 304, Ramsay Extl St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles W. Harvey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb. (Month) 12 (Day) 1907 (Year)

AGE: — years, — months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: William Harvey

BIRTHPLACE OF FATHER (State or country): Empson

MAIDEN NAME OF MOTHER: Frances Cole

BIRTHPLACE OF MOTHER (State or country): Empson

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Harvey

(Address) 304 Ramsay Extl

Filed 2/10 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 5 1908 to Feb. 9 1908

that I last saw him alive on Feb. 9 1908,

and that death occurred, on the date stated above, at 8.05 a M. The CAUSE OF DEATH was as follows:

Infantile Indigestion

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) L. B. Jayne M.D.

Feb 10 1908 (Address) 1800 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Feb 11th 1908

UNDERTAKER: C. H. McCormick

ADDRESS: 1729 W. Lombard St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be e duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate tting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 232 Hickory Ave, (Hamden) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary O'Brien

{ Residence, if in Baltimore, Give Street and Number. } 232 Hickory Ave., (Hampden)

Duration of Residence in Baltimore. 50 yrs. C9377

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1844

AGE 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Bernard McGee

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen Hughes

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm. Norris

(Address) Cold Spring Lane Rd Lane

Filed 2/10 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 9th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 3 1908 to Feb 9th 1908

that I last saw h~~er~~ alive on Feb 8th 1908,

and that death occurred, on the date stated above, at 2.11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart-failure

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 6 DAYS

(Signed) R.B. Normant M.D.

Address 3347 Chestnut Av

Date Feb 9th 1908

Place of Burial Cathedral Cemetery

Date Feb. 11, 1908

Undertaker Henry W. Means & Son.

Address 805 N. Calvert St.

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 9378

Registered No. B

City of Baltimore, (No. 2113 Keyser St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Bein

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH May 15 1826
(Month) (Day) (Year)

AGE 82 years, 9 months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Lorenz

(Address) 2424 Chesterfield Ave

Filed 2/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 8 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 7 1908 to Feb 8 1908

that I last saw h[illegible] alive on Feb 8 1908,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Hepatitis (Cirrhosis)

(DURATION) DAYS

Contributory Arthritis

(DURATION) DAYS

(Signed) J. Wilhan Franz M. D.

2/8 1908 (Address) 1407 N Ray

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Feb 11 1908

UNDERTAKER J. B. Schutz & Son

ADDRESS 3815 Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 9379

City of Baltimore, (No. 1918 W. Franklin St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Andrew J. Davis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feby. (Month) 9 (Day) 1839 (Year)

AGE: 69 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Davis

(Address) 1918 W Franklin

Filed 2/10 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 9th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb-2 1908 to Feb-9 1908 that I last saw h[illegible] alive on Feb-9 1908, and that death occurred, on the date stated above, at 5 M. The CAUSE OF DEATH was as follows:

Chronic Lesion of Kidneys

3 Mo (DURATION)

Contributory Cardiac Asthenia

(DURATION) 3 DAYS

(Signed) J. H. Schnauf M. D.

Feb-9 1908 (Address) 1920 Linden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Frederick Md

DATE OF BURIAL: Feby 12 1908

UNDERTAKER: W. J. Richardson

ADDRESS: Carlton Md

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEA

(Place of Death.) No. 531. I. Monroe St. (If occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Joseph Miller.

{ Residence, if in Baltimore, Give Street and Number. } 531. I Monroe

Duration of Residence in Baltimore. Life. C 9380

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Dec 11th 1907

AGE — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER William J. Miller

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Brooks & Son

(Address) 1204 W Balto St

Filed 2/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 9th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 8th 1908 to Feb. 9th 1908

that I last saw h[illegible] alive on Feb 8th 1908

and that death occurred, on the date stated above, at 2 a.m.

11. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.) Marasmus.

(DURATION) DAYS

(Signed) J. Harry Mench M.D.

Address #11 N. Carey St.

Date Feb 10th 1908

Place of Burial Mt. Olivet Cem

FEB 11 1908

Date 190

Undertaker Robt Brooks & Son

Address 1204. W. Baltimore St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEA

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bertha Harris

{ Residence, if in Baltimore, Give Street and Number. } Elkton Md

Duration of Residence in Baltimore. 7, C 9381

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unascertained

BIRTHPLACE OF FATHER (State or country): dette

MAIDEN NAME OF MOTHER: dette

BIRTHPLACE OF MOTHER (State or country): dette

OCCUPATION OF DECEASED: Stenographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. E. Williams

(Address) Elkton Md

Filed Feb 11 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 10 1908

I HEREBY CERTIFY, That I attended deceased from Feb 7 1908 to Feb 10 1908

that I last saw h[illegible] alive on Feb 10 1908

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Post Operative shock

(DURATION) DAYS

Con'ributory (Primary.) Tuberculer Glands of Neck

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date February 10 1908

Place of Burial Elkton Md

Date FEB 11 1908 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEA

(Place of Death.) No. 749 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chaplain Riley

{ Residence, if in Baltimore, Give Street and Number. } aboard C 9382

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE about 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) unknown

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 749 Sarah Ann

Filed 2/11 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 8 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1908 to 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Schlatter M.D. Coroner

Address 211 W. Lanvale

Date 2-10- 1908

Place of Burial National Cem

Date Feb. 11 1908

Undertaker John C Hough Co

Address 1422 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DE

(Place of Death.) No. St Josephs Hospital St.

(If death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Vedral

{ *Residence, if in Baltimore, Give Street and Number.* } 2323 E. Federal St.

C9383

Duration of Residence in Baltimore. 17

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 14th 1896

AGE: 11 years, 11 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Vedral

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Barbara Kaplan

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Vedral

(Address) 2323 E. Federal St

Filed 2/11 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 10 1908

I HEREBY CERTIFY, That I attended deceased from Feb 8 1908 to Feb 10 1908

that I last saw him alive on Feb. 10 1908,

and that death occurred, on the date stated above, at 9.20 a. M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

(DURATION) 3 DAYS

Con'tributory (Primary) acute gangrenous appendicitis (DURATION) 5 DAYS

(Signed) John F. Moore M.D.

Address St Josephs Hospital

Date Feb 10 1908

Place of Burial Oak Hill Cemetery

Date Feb 12 1908

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DE

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward E. Parks

{ Residence, if in Baltimore, Give Street and Number. } 913 E. Lyon

Duration of Residence in Baltimore. L

C9384

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: W

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John H Parks

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Elizabeth Montgomery

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Brick layer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Imshaw.

(Address) 535 E. Fort Ave

Filed 2/11 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb - 10 1908

I HEREBY CERTIFY, That I attended deceased from Feb 9 1908 to Feb 10 1908

that I last saw h... alive on Feb 10 1908,

and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 4 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) W W Baker M.D.

Address Bell Ave

Date Feb 10 1908

Place of Burial Ind. Olivet Cem.

Date Feb. 12th 1908

Undertaker Jas & Wm John H. Snyder

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 1092 Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Delia Burke

{Residence, if in Baltimore, Give Street and Number.} 1092 Poppleton St

Duration of Residence in Baltimore. 30 yrs C9385

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 57 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Michael Pendergast

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Burke

(Address) 1092 Poppleton St

Filed 2/11 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 10 1908

I HEREBY CERTIFY, That I attended deceased from Jan 8. 1908 to Feby 10 1908 that I last saw her alive on Feb 9 1908, and that death occurred, on the date stated above, at 3.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Weakness

(DURATION) 2 DAYS

Contributory (Primary.) Chronic gastritis (DURATION) 4 weeks DAYS

(Signed) as Donovan M.D.

Address 261 Poppleton St

Date Feb 10 1908.

Place of Burial St Peters

Date Feb 12 1908

Undertaker John F Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH

(Place of Death.) No. 828 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eddie Bazek

{Residence, if in Baltimore, Give Street and Number.} 828 S Bond

Duration of Residence in Baltimore. Life

C 9386

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 7th Aug 1907

AGE: ..... years, 6 months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Peter Bazek

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Mary "

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Bazek

(Address) 828 S Bond St

Filed 2/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7th Feb 9 1908

I HEREBY CERTIFY, That I attended deceased from Jan 31 1908 to Feb 9 1908

that I last saw h— alive on Feb 8 1908

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

(DURATION) 8 days

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Valentine M.D.

Address 16 E Baltimore

Date 2/11 1908

Place of Burial St Stanislaus

Date Feb 11 1908

Undertaker Jos Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 527 Fall. Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary F. Bond

{ Residence, if in Baltimore, Give Street and Number. } 527 Falls Road

Duration of Residence in Baltimore. 31 Years

C 9387

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 16 1846

AGE 62 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto Co.

FULL NAME OF FATHER Joshua Amos

BIRTHPLACE OF FATHER (State or country) Balto Co.

MAIDEN NAME OF MOTHER Cuic

BIRTHPLACE OF MOTHER (State or country) Balto Co.

OCCUPATION OF DECEASED Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Bond

(Address) 38 Druid Av

Filed 2/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 10th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 25th 1908 to Feb 10th 1908

that I last saw h[illegible] alive on Feb 9th 1908,

and that death occurred, on the date stated above, at 1.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis pulmonalis

(DURATION) 3 months ~~DAYS~~

Contributory (Primary)

(DURATION) DAYS

(Signed) Geo. T. Shower M.D.

Address 431 Roland Ave

Date Feb 11th 1908

Place of Burial Mt Olivet

Date Feb 11 1908

Undertaker N S Marshall

Address 3537 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 919 S. Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Son of Harry & Anna M Dilbert

{ Residence, if in Baltimore, Give Street and Number. } 919 S. Sharp St.

C 9388

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: February 9th 1908	
AGE: — years, — months, 3 hours days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Balto Md.	
FULL NAME OF FATHER: Harry Dilbert	
BIRTHPLACE OF FATHER (State or country): Grafton W. Va.	
MAIDEN NAME OF MOTHER: Anna M. Gerke	
BIRTHPLACE OF MOTHER (State or country): Garrett Co. Md.	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Dilbert

(Address) 919 S Sharp St

Filed 2/11 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 10th 1908

I HEREBY CERTIFY, That I attended deceased from July 9th 1908 to July 10th 1908

that I last saw him alive on July 9th 1908,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pyaemia Otitis

(DURATION) 3 hours DAYS

Contributory (Primary.) Cremation Brit

(?) Mastoiditis (DURATION) DAYS

(Signed) Robt. O. G. Schmidt M.D.

Address 1318 W. Pratt St.

Date July 10th 1908

Place of Burial First Ger. United Evangelical

Date February 11 1908

Undertaker E. Gerke

Address 15 E West St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 118 Warren Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Wessel

Residence, if in Baltimore, Give Street and Number. 118 Warren Avenue

Duration of Residence in Baltimore. Life - time

09389

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 12 1882

AGE: 25 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry Wessel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Henrietta Ey.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Wessel

(Address) 118 Warren ave

Filed 2/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to July 9th 1908 that I last saw her alive on July 8th 1908, and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) DAYS

Contributory (Primary) Tuberculosis Meningitis

(DURATION) 9 DAYS

(Signed) Geo. Reynolds M.D.

Address 509 N Charles St

Date July 10 1908

Place of Burial London Park

Date Feb 11 1908

Undertaker F. A. Kramer & Bro

Address 103 Hanover St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEA

(Place of Death.) No. 205 N Woodyear St (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Anistinia Nickling

{Residence, if in Baltimore, Give Street and Number.} 205 N Woodyear. St

Duration of Residence in Baltimore. 1 Year

C 9390

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Hungana

FULL NAME OF FATHER: Peter Sodosky

BIRTHPLACE OF FATHER (State or country): Hungana

MAIDEN NAME OF MOTHER: Kathrian "Sodosky

BIRTHPLACE OF MOTHER (State or country): Hungana

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 W. Lombard

Filed 2/11 190 9 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 10 1908

I HEREBY CERTIFY, That I attended deceased from Feb 9 1908 to Feb 10 1908

that I last saw h.. alive on Feb 10 1908.

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Shock

(DURATION) 1 DAYS

Con'ributory (Primary) Child Birth

(DURATION) DAYS

(Signed) Walter A Cot M.D.

Address 541 Fulton Ave

Date Feb 11 1908

Place of Burial Loudon Park

Date Feb. 11th 1908

Undertaker John J Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his c, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. Bay View Asylum St. (If occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Tillman

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 9391

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Wh.
DATE OF BIRTH: 1	
AGE: 60 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 2/11 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 9th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 7th 1907 to Feb. 9th 1908 that I last saw h.im alive on Feb. 9th 1908, and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Feb. 10 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 10 1908 190

Undertaker Geo Thompson

Address 1805 Hope St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

34

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertie Johnson

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

c9392

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: W.
DATE OF BIRTH: 1	
AGE: 45 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Washington D. C.	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 2/11 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 7 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 19 1908 to Feb. 7 1908 that I last saw h[illegible] alive on Feb. 7 1908, and that death occurred, on the date stated above, at 4[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Feb. 8 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 10 1908 190

Undertaker Geo Thompson

Address 1805 Hope St

FOR ANATOMICAL PURPOSES

34

CERTIFICATE

(Place of Death.) No. 7 Bay View Asylum St. (If occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary M. Hock

{Residence, if in Baltimore, Give Street and Number.}

a 9393

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lenny Molloy

(Address) BAY VIEW ASY

Filed 2/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 10 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1908 to Feb. 10 1908 that I last saw her alive on Feb 10 1908, and that death occurred, on the date stated above, at 10.15 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure.

(DURATION) DAYS

Con'tributory (Primary) Tuberculosis Broncho Pneumonia (DURATION) 5 DAYS

(Signed) Thos. H Phillips M.D.

Address Bayview Hospital

Date Feb 10 08 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 10 1908 190

Undertaker Geo Thompson

Address 1805 Hope St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

33

...SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the... Physician who attended during his or her last sickness, or the Coroner, when the case comes to attended during his or her last sickness, or the Coroner, when the case comes ...e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ...ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ...ased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. Johns Hopkins Hospital St. (If death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August Slater.

{ Residence, if in Baltimore, Give Street and Number. } Clairmont & 7th St Balto County

Duration of Residence in Baltimore. 5 years C9394

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	1
AGE	65 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bettie Ohms

(Address) Clairmont & 7th Sts

Filed 2/11 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 8 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 8½ A. M. CAUSE OF DEATH (Secondary or Immediate.)

Tetanus - infected through wound on scalp by a falling timber (DURATION) DAYS

Contributory (Primary.) Accidental (DURATION) DAYS

(Signed) Dr. Joseph Carville

Address Corner Md

Date Feb. 8 — 08 190

Place of Burial Trinity Cem.

Date 2/11/08 190

Undertaker J. Herwig Son

Address 1008 Albans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person asel, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. Aged. Mens Home St. (If occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. C Garton

{Residence, if in Baltimore, Give Street and Number.} 1400 W. Lexington St

Duration of Residence in Baltimore. 55 yo C 9395

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wht

DATE OF BIRTH: Feb 16 1818

AGE: 88 years, 11 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Melville N.J.

FULL NAME OF FATHER: Mark Garton

BIRTHPLACE OF FATHER (State or country): New Jersey

MAIDEN NAME OF MOTHER: Jane Cochill

BIRTHPLACE OF MOTHER (State or country): New Jersey

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. C. Jones Dept

(Address) Home

Filed 2/11 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 10 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1907 to Feb 10 1908

that I last saw h-- alive on Feb 7 1908,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Atheromatous
Degen Heart
and Arteria
2 yrs (DURATION) DAYS

Con'tributory (Primary.) Asthma
3 mos (DURATION) DAYS.

(Signed) T L Bowers M.D.

Address 939 20 Payette

Date Feb 8 1908

Place of Burial London Park

Date Feb 12 1908

Undertaker Geo J. Smith Co

Address 1000 N Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE

(Place of Death.) No. 2408 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Dora Keim

{ Residence, if in Baltimore, Give Street and Number. } 2408 Druid Hill Ave.

Duration of Residence in Baltimore. 64 Years

c 9396

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: October 1844	
AGE: 64 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed	
BIRTHPLACE (State or country): Baltimore Md.	
FULL NAME OF FATHER: John Yoe	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Catherine Lawrence	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Schanberger

(Address) McCulloh & Whitelock Sts

Filed 2/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

~~837 N. Eutaw St~~

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 10" 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 9" 1908 to Feb. 10" 1908 that I last saw h[illegible] alive on Feb. 9" 1908, and that death occurred, on the date stated above, at 3 45 a m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. F. Robinson M.D.

Address 837 N. Eutaw

Date Feb. 10" 1908

Place of Burial New Cathedral

Date February 12th 1908

Undertaker Wm. M. Gaithrop

Address North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. Bay View Asylum St. (If death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Jaye

{ *Residence, if in Baltimore, Give Street and Number.* } 1003 N Fremont Ave

Duration of Residence in Baltimore. —

C 9397

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Col.
DATE OF BIRTH: 1	
AGE: 50 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Va	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Dated 2/11 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 9 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 14 1908 to Feb. 9 1908 that I last saw him alive on Feb. 9 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ... DAYS

Contributory (Primary.) Pulmonary Tuberculosis. (DURATION) ... DAYS

(Signed) Roth. T. Bay M.D.

Address Bay View

Date Feb. 9 1908

Place of Burial Mt Auburn Cemetery

Date Feb 11 1908

Undertaker Wm H Harper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DE

(Place of Death.) No. 650 Haw St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H Bonsel.

{ Residence, if in Baltimore, Give Street and Number. } 650 Haw

Duration of Residence in Baltimore. 30 yrs C 9398.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Collard

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington Jamaica

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: — — —

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgianna Bonsel

(Address) 650 Haw St

Filed 2/11 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 8 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1 1908 to Feb 8 1908

that I last saw him alive on Feb 7 1908

and that death occurred, on the date stated above, at 5 A M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) 7 DAYS

Con'tributory (Primary.) nephritis

(DURATION) 1 DAYS

(Signed) H E McCaul M.D.

Address 2005 O'Donnell St

Date 2/10 1908

Place of Burial Mt Auburn cemetery

Date Feb 11 1908

Undertaker Wm H Hooper

Address 60 Bethel Place

WM. J. C. DULANY CO., BALTIMORE.

...facts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***forty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 9399

City of Baltimore, (No. 215 W. Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mason Adams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: col

DATE OF BIRTH: 1 (Month) (Day) Year)

AGE: 44 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Joe Adams

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Jane Adams

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Gray

(Address) 215 W Biddle St

Filed 2/11 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 9th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1907 to Feb 9th 1908

that I last saw h... alive on Feb 9th 1908,

and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 120 DAYS

Contributory Exhaustion (DURATION) 1 DAYS

(Signed) W Grant Groff M.D.

Feb 9 1908 (Address) 357 W Biddle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn cemetery

DATE OF BURIAL: Feb 9 1908

UNDERTAKER: John H Toadvine

ADDRESS: 142 W Lillie

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. 427 Tyson St. (If occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William James

{Residence, if in Baltimore, Give Street and Number.} 427 Tyson St.

Duration of Residence in Baltimore... 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ... 1...

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Spain

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary James

(Address) 417. Tyson St.

Filed 2/11 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday Feb 9th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 7th 1908 to Feb 9th 1908

that I last saw him alive on Feb 7th 1908,

and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ... DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) at 3 Days DAYS

(Signed) ... M.D.

Address 407. N. Charles St

Date Feb 10th 1908

Place of Burial Mt Auburn

Date Feb 12 1908

Undertaker R. F. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 410 S. Duncan Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Conrad Schick

{ Residence, if in Baltimore, Give Street and Number. } 410 S. Duncan Alley.

Duration of Residence in Baltimore. 50 years. C 9401

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: Nov. 22nd 1839

AGE: 69 — 69 years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie Schick

(Address) 410 S. Duncan Alley

Filed 2/11 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 9th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

..... DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Thomas Scudder Coroner M.D.

Address 320 ½ Greene St

Date ..... 190 .....

Place of Burial St Pauls Cemetery

Date Feb. 11th. 1908

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9402

City of Baltimore, (No. 2415 Barclay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Gertrude McCloskey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: June 4 1855 (Month) (Day) (Year)
AGE: 52 years, 5 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
BIRTHPLACE (State or country): Ireland
FULL NAME OF FATHER: John Rodgers
BIRTHPLACE OF FATHER (State or country): Ireland
MAIDEN NAME OF MOTHER: ~~Margaret~~ Anna Walker
BIRTHPLACE OF MOTHER (State or country): Ireland
OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Denis F. McCloskey
(Address) 2415 Barclay St

Filed 2 11 1908
HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 10 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to July 9 1908 that I last saw her alive on July 9 1908, and that death occurred, on the date stated above, at 12-45 A.M. The CAUSE OF DEATH was as follows:

Organic Heart disease:
Mitral stenosis
20 years (DURATION)
Contributory Cerebral Embolism
(DURATION) 1 DAYS

(Signed) Louis P. Hamburger M. D.
Feby 10 1908 (Address) 1210 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence
How long at Place of Death? Days
Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Pro Cathedral
DATE OF BURIAL: Feb 12 1908
UNDERTAKER: C. A. Weidefeld
ADDRESS: Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1508 Rutter St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Louis H. Jones

{Residence, if in Baltimore, Give Street and Number.} 1508 Rutter St.

Duration of Residence in Baltimore. 1/2 Yrs. C 9403

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Afro-Am

DATE OF BIRTH 1891

AGE 17 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Abraham Jones

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Millie Gaines

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Millie Gaines

(Address) 1508 Rutter

Filed 2/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2/10 1908.

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to Feb. 10 1908 that I last saw h— alive on Feb 10 1908 and that death occurred, on the date stated above, at 5.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonic Phthisis

(DURATION) 30 DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) A. Lee Deen M.D.

Address 922 Mad. ave

Date 2/10 1908.

Place of Burial Shoteytown Va Co Fredericksburg

Date February 12th 1908

Undertaker Felix B. Rye.

Address 102 E Mulberry st.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 101 ½ E Talbert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Butler

{ *Residence, if in Baltimore, Give Street and Number.* } 323 Rose St.

C 9404

Duration of Residence in Baltimore. 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	———
AGE	52 years, ——— months, ——— days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	C Charles Butler
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Sarah Crockett
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Butler

(Address) 323 Rose Street

Filed 2/11 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 9 1908

I HEREBY CERTIFY, That I attended deceased from Dropsy to Case 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary.) ———

(DURATION) DAYS

(Signed) Benj. L. Stanton M.D.

Address 1216 N. Caroline St.

Date Feb. 10 1908

Place of Burial Frederick Md

Date Feb 12" 1908

Undertaker Alex. Hemsley

Address 578 W. Biddle Street

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 9405

Registered No. B .....

City of Baltimore, (No. 809, Eastern Ave; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Antony D'Antone

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: January (Month) 31 (Day) 1905 (Year)

AGE: 3 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Frank D'Antone

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Mary Jodis

BIRTHPLACE OF MOTHER (State or country): Balt

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank D'Antone

(Address) 809 Eastern ave

Filed 2/11 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. (Month) 10th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 9th 1908 to Feb. 10th 1908 that I last saw h im alive on Feb. 10th 1908, and that death occurred, on the date stated above, at 4.55 P. M. The CAUSE OF DEATH was as follows:

from the effect of burn

OR Burned Accident DAYS

Contributory Convulsions

(DURATION) Feb 11th 08 DAYS

(Signed) C. Palmisano M. D.

Feb. 10th 1908 (Address) 224 S. Exeter St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Rosary	Feb 12 1908
UNDERTAKER	ADDRESS
Randall Applegarth & Son	1108 Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, occupation, condition (whether married or single) of the person deceased, and the cause and date of death.

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1418 W. La Fayette Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Robert Megary

{Residence, if in Baltimore, Give Street and Number.} 1418 La Fayette Ave.

Duration of Residence in Baltimore. 50 years (about) 1940 6

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | COLOR White.

DATE OF BIRTH Unknown

AGE About 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER David Megary.

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Ellen ~~Megary~~ McCracken

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Carpenter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie R. Shannon

(Address) 700 Fulton Ave.

Filed 2/11 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febry 10th 1908

I HEREBY CERTIFY, That I attended deceased from Jany 29 1908 to Febry 10 1908, that I last saw him alive on Febry 10 1908, and that death occurred, on the date stated above, at 6.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis Catarrhal

(DURATION) 12 DAYS

Contributory (Primary.) Nephritis Chronic

(DURATION) — DAYS

(Signed) George C. Shannon M.D.

Address 700 N. Fulton Ave

Date February 10 — 1908

Place of Burial Baltimore Cem

Date Feb 12 1908

Undertaker Jos B Cook

Address 1034 Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John L. Kreamer

{ Residence, if in Baltimore, Give Street and Number. } 1400 N. Lexington St.

Duration of Residence in Baltimore. 60 yrs.

c9407

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 14th 1829

AGE: 78 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Wirtenburg Ger

FULL NAME OF FATHER: Louis Kreamer

BIRTHPLACE OF FATHER (State or country): Wirtenburg Germany

MAIDEN NAME OF MOTHER: Margaret Schuffel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C-C Summers

(Address) Aged Mens home

Filed 2/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 10 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Date 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Shock from fractu
of leg.
Electric car accident.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N. Carrollton Ave.

Date Feb 11, 1908.

Place of Burial Loudon Park

Date Feb 12 1908

Undertaker Geo J Smith & Co

Address 600 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Pendergast

{Residence, if in Baltimore, Give Street and Number.} 17 E. Lee st.

Duration of Residence in Baltimore. 42 years

C 9108

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Feb 5th 1866	
AGE: 42 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: John Pendergast	
BIRTHPLACE OF FATHER (State or country): Ireland	
MAIDEN NAME OF MOTHER: Hester Murphy	
BIRTHPLACE OF MOTHER (State or country): Ireland.	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. BAY VIEW ASYLUM.

(Informant)

(Address) HARRY O. ANDREWS, PERMIT CLERK. Labor Hospital

Filed 2/11 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 10 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 28, 1907 to Feb 10 1908 that I last saw him alive on Feb 10 1908, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 1 yr. DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View per Bal

Date Feb. 10 1908

Place of Burial St Peters. Cem

Date Feb 12 1908

Undertaker M. Doyle & Son

Address 17 E Lee st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1327 E. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Pfetzer

{Residence, if in Baltimore, Give Street and Number.} 1327 E. Charles St. C 9409

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 26th 1881

AGE: 26 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Michael J. Pfetzer

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Kiehl

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Pfetzer (Mother)

(Address) 1327 E. Charles st

Filed 2/12 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 9th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 3 1908 to Feb 9 1908 that I last saw him alive on Feb 9 1908, and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Toxic Gastritis

(DURATION) about 5 DAYS

Contributory (Primary.) Taking a poisonous poison Taken by mistake (DURATION) DAYS

(Signed) Robt. F. J. Schultz M.D.

Address 1318 E. Charles St.

Date July 11th 1908

Place of Burial Western Cem.

Date Feb 12th 1908

Undertaker E. Schloman & Son

Address 1039 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person eased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1925 W. Lombard St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Yager

{Residence, if in Baltimore, Give Street and Number.} 1925 W. Lombard st.

Duration of Residence in Baltimore. 23 years C 4 16

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Jager

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: — — — —

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Hause Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur J. Mooligan

(Address) 1925 W. Lombard St

Filed 2/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 11th " 1908

I HEREBY CERTIFY, That I attended deceased from Jany 3rd " 1908 to Feby 11th " 1908

that I last saw her alive on Feby 10th " 1908,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Senile debility

..... (DURATION) ..... DAYS

(Signed) E. A. Knott. M.D.

Address 1727 W. Lombard st.

Date Feby 11th 1908

Place of Burial St Alphonsus

Date Feb 13" 1908

Undertaker H. S. Fink

Address 2113 W Pratt St

WM. J. C. DULANY CO., Baltimore

CERTIFICATE OF DEATH.

151

Place of Death.) No. 1310 N Gay St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa E. Eck

{Residence, if in Baltimore, Give Street and Number.} 1310 N Gay St

Duration of Residence in Baltimore. Life. 9411

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: January 20 1908

AGE: 0 years, 0 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: John Eck

BIRTHPLACE OF FATHER (State or country): Balt.

MAIDEN NAME OF MOTHER: Cora Wright

BIRTHPLACE OF MOTHER (State or country): Philadelphia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Cora Eck

(Address) 1310 Gay St.

Filed 2/11 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 10 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20 1908 to Feb 10 1908

that I last saw her alive on Feb 8 1908,

and that death occurred, on the date stated above, at 2.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

General Gothemia

(DURATION) 21 DAYS

Contributory (Primary.) Prematurity

(DURATION) DAYS

(Signed) N. W. James M.D.

Address Lexington

Date Feb 9, 1908

Place of Burial Oak Lawn Cem.

Date Feb. 12 1908

Undertaker G. W. Dill.

Address 810 Fredk. Ave. Ext.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

90

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Steinbrecombe

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 9+12

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: Dec: 29 1824

AGE: 83 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER: John Steinbrecombe

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Suzie Sullivan

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 2/11 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb, 11th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on Feb 9 1908,

and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 9 DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Feb 11 1908

Place of Burial Holy Cross

Date Feb: 12th 1908

Undertaker Henry C Wiedefield

Address 914 Greenmount av:

WM. J. C. DULANY CO., BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9413

City of Baltimore, (No. 2115 Maryland Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wallace Stebbins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: September (Month) 15th (Day) 1832 (Year)

AGE: 75 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Burlington, Vt.

FULL NAME OF FATHER: Oamyn Lord Stebbins

BIRTHPLACE OF FATHER (State or country): Mouson, Hampden Co., Mass.

MAIDEN NAME OF MOTHER: Emma Hitchcock

BIRTHPLACE OF MOTHER (State or country): Westminster, Vt.

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. W. Stebbins

(Address) 2730 N. Charles St.

Filed 2/11 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 11th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 21st 1904 to Dec. 31st 1907 that I last saw him alive on Dec. 31st 1907, and that death occurred, on the date stated above, at 6 a.m. The CAUSE OF DEATH was as follows:

Heart disease with attacks of angina pectoris

DURATION) 1 DAYS

Contributory Angina pectoris

DURATION) DAYS

(Signed) Robert Hoffman M.D.

Feb. 11th 1908 (Address) 1325 Park Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Feby 13" 1908
UNDERTAKER	ADDRESS
H. H. Jenkins & Sons Co	210 N. Madison St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

36

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Reynolds.

{Residence, if in Baltimore, Give Street and Number.} St Vincent Infant Asylum

Duration of Residence in Baltimore. Lifetime C9414

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Jan 22, 1908

AGE: ..... years, ... months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. Vin. Inf. Asylum.

Filed 2/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 9 1905.

I HEREBY CERTIFY, That I attended deceased from Jan 22 1908 to Feb 9 1908 that I last saw him alive on Feb 8 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Syphilis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Eutaw St

Date 2/10 1908

Place of Burial New Cathedral

Date Feb 11th 1905

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Genevieve Harris.

{ Residence, if in Baltimore, Give Street and Number. } St Vincent. Infant Asylum

Duration of Residence in Baltimore. Lifetime 9415

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Jan 2 1908

AGE ..... years, 1 month, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. Vin. Inf. Asylum.

Filed 2/11 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 10 - 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2 1908 to Feb 10 1908 that I last saw her alive on Feb 8 1908, and that death occurred, on the date stated above, at 8 51 A. M. CAUSE OF DEATH (Secondary or immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) 0 DAYS

(Signed) E. J. Hayward M.D.

Address 1230 N. Broadway

Date 2 - 10 1908

Place of Burial New Cathedral

Date Feb 11th 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 9416

Registered No. B

City of Baltimore, (No. 1535 W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Carroll

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ——— (Month) 1 (Day) Year)

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Carroll

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary O'Neill

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Timothy A. Carroll

(Address) 1535 W. Fayette St.

Filed Feb 12" 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 9th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 6th 1908 to Feb. 9th 1908

that I last saw her alive on Feb. 8th 1908,

and that death occurred, on the date stated above, at 2 a. m. The CAUSE OF DEATH was as follows:

Paralysis

Cerebral hemmorrhage

(DURATION) 3 DAYS

Contributory heart failure sudden (DURATION) ..... DAYS

(Signed) Chas. Nicholas M. D.

Feb. 10th 1908 (Address) 20 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. | DATE OF BURIAL: 2/12 1908

UNDERTAKER: Crowley Bros | ADDRESS: 25 N. Fulton

tracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **enty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 9417

(Place of Death.) No. 257 B Maryland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Aldevellah Ziegley

{ Residence, if in Baltimore, Give Street and Number. } 257 B Maryland Ave.

Duration of Residence in Baltimore. County Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 20th 1839

AGE 68 years, 7 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Hagerstown Washington County Md

FULL NAME OF FATHER Jonathan Creamer

BIRTHPLACE OF FATHER (State or country) Hagerstown Washington County Md

MAIDEN NAME OF MOTHER Mary Henson

BIRTHPLACE OF MOTHER (State or country) Hagerstown Washington County Md

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. S. Ziegler

(Address) Ellicott City Md

Filed Feb 12" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 10 1908

I HEREBY CERTIFY, That I attended deceased from Jan 24th 1908 to Feb 10th 1908 that I last saw her alive on Feb 10th 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

E. Hampton

Few hours (DURATION) DAYS

Contributory (Primary) Paralysis

(DURATION) 16 DAYS

(Signed) L. A. Richardson M.D.

Address 112 W. 25th St

Date Feb 10th 1908

Place of Burial Hagerstown Md

Date Feb 12 1908

Undertaker Jos. Roach & Son

Address 1003 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. A Stonebraker C 9418

{Residence, if in Baltimore, Give Street and Number.} 1709 N. Charles St

Duration of Residence in Baltimore. Stonebroker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: 1

AGE: 42. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) [illegible]

(Address) BAY VIEW ASYLUM

Filed Feb 12 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 10 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 7 1908 to Feb. 10 1908 that I last saw h~~im~~ alive on Feb. 10 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Con'ributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Feb. 10 1908

Place of Burial Shipsburg Town W. Va

Date Feb. 12 1908

Undertaker Harry W. Ehlen

Address 1944 W. Mount

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 925 North Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Beck

{Residence, if in Baltimore, Give Street and Number.} 925 N Gay St C 9 + 19

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 10th 1834

AGE 74 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Wolfgang Vordegnen

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Beck

(Address) 926 N. Gay St

Filed 2/12 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 10th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 5 1908 to Feb 10th 1908 that I last saw h er alive on Feb 10th 1908 and that death occurred, on the date stated above, at 8.30 M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 24 DAYS

Con'ributory (Primary.) Asthenia and Weak Heart (DURATION) 2 years

(Signed) J. H. Bolton M.D.

Address 1120 W. Fayette

Date Feb 10th 1908

Place of Burial Holy Redeemer

Date Feb 13th 1908

Undertaker A. Fink & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1917. Walbrook Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha L Scarborough

{ Residence, if in Baltimore, Give Street and Number. } 1917. Walbrook Ave

Duration of Residence in Baltimore. 2 mo C9420

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 7 — 1829

AGE 78 years, 9 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Harford Co

FULL NAME OF FATHER Hezekiah Scarborough

BIRTHPLACE OF FATHER (State or country) Harford Co Md

MAIDEN NAME OF MOTHER Elizabeth Abud

BIRTHPLACE OF MOTHER (State or country) Harford Co

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W Barley

(Address) 2819 Pinkwood Ave

Filed 2/12 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb — 11 1908

I HEREBY CERTIFY, That I attended deceased from Dec — 1908 to Feb 11 1908

that I last saw h alive on Feb 10 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Embolism

Paralysis

(DURATION) 10 DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) DAYS

(Signed) Bruce Jones M.D.

Address 1714 W Franklin

Date Feb — 11 1908

Place of Burial Forest Street, Harford Co

Date Feb 13 1908

Undertaker Geo J Smith & Co

Address 1600 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1016 N. Dearborn St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm A Hamilton

{Residence, if in Baltimore, Give Street and Number.} 1016 N. Dearborn St

Duration of Residence in Baltimore. Life C 9421

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH May 20th 1907

AGE 0 years, 8 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm H. Hamilton

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Annie F. Madden

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie F. Hamilton

(Address) 1016 N. Dearborn St

Filed 2/12 1908

HARRY C. ANDREWS, Jr.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 10 1908

I HEREBY CERTIFY, That I attended deceased from Jan 4 1908 to Feb 10 1908 that I last saw him alive on Feb 10 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Spasms

(DURATION) 2 DAYS

Contributory (Primary.) Capillaria Bronchitis (DURATION) 30 DAYS

(Signed) W. F. Harris M.D.

Address 1344 Druid Hill Ave

Date Feb 11 1908

Place of Burial Laurel Cem

Date Feb 12th 1908

Undertaker W. J. G. Jackson

Address 142 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1435 Decatur St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mollie Woods

{Residence, if in Baltimore, Give Street and Number.} 1435 Decatur St

Duration of Residence in Baltimore. Lifetime C9422

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR White

DATE OF BIRTH Jan 16 1907

AGE 1 years, 7 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Jooz Wood

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Hannah Lautenklos

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Sinnum

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1435 Decatur

Filed 2/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 11 1908

I HEREBY CERTIFY, That I attended deceased from Jany 30 1908 to Feby 11 1908 that I last saw h[illegible] alive on 2/11 1908, and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) 12 DAYS

Contributory (Primary.) Bronchitis

(DURATION) ..... DAYS

(Signed) L J Turlington M.D.

Address 102 E Fort Ave

Date 2/11 1908

Place of Burial Cedar Hill

Date February 12 1908

Undertaker E Pearl

Address 1-6 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1303 N. Gilmor St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Louise Appelby

{Residence, if in Baltimore, Give Street and Number.} 1303 N. Gilmor

Duration of Residence in Baltimore. 76 Years 9423

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR Ch.

DATE OF BIRTH July 2nd 1829

AGE 78 years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) New York City

FULL NAME OF FATHER Robert Perrine

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Anna Smith

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hattie A. Watson

(Address) 1303 N Gilmor St.

Filed 2/12 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 11th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 9th 1908 to Feb 10th 1908

that I last saw h-r alive on Feb 10th 1908,

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Con'ributory (Primary.) Malaria

(DURATION) 250 DAYS

(Signed) H. G. Jones M.D.

Address 1235 W. Lafayette Ave

Date Feb 11th 1908

Place of Burial Greenwood Mt Olivet Cem

Date Feb 13th 1908

Undertaker J. Strayhorn & Sons

Address 1723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 642 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph B. Mitchell

{Residence, if in Baltimore, Give Street and Number.} Above

Duration of Residence in Baltimore. Life

C 9424

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: June 18th 1862

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Joseph B. Mitchell

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Cassandra N. Daniels

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Foreman Ind. Biscuit Co

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary A. Mitchell

(Address) 1115 W. Lexington St

Filed 2/12 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 10th 1908

I HEREBY CERTIFY, That I attended deceased from Asthenia to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...M. CAUSE OF DEATH (Secondary or Immediate

Heart failure following Grip - with which he had been sick for 4 weeks - complained of Heart trouble during night of Feb 9-08

Contributory (Primary.) (DURATION) ... DAYS

(DURATION) ... DAYS

(Signed) J. D. Ishbach M.D.

Address 211 N. Lanvale

Date Feb 10th 1908

Place of Burial Int. Olivet Cem.

Date February 12th 1908

Undertaker Wm. B. Brothers

Address 428 Frederick Ave.

WM. J. C. DULANY CO., Baltimore

CERTIFICATE OF DEATH.

(Place of Death.) No. 2466 Frederick Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs A Tawney

{Residence, if in Baltimore, Give Street and Number.} 2466 Frederick Ave

Duration of Residence in Baltimore. 25 yrs @ 9+25

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: March 4th 1835

AGE: 72 years, 11 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: dont know

BIRTHPLACE OF FATHER (State or country): do

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): do.

OCCUPATION OF DECEASED: Cabinet maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Katie M. Tawney

(Address) 2466 Frederick Ave

Filed 2/12 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 9. 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 1908 to Feb. 9. 1908

that I last saw h[illegible] alive on Feb. 8. 1908

and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright Disease

(DURATION) 6 Months

Contributory (Primary) Exhaustion

(DURATION) 2 DAYS

(Signed) J. P. Nelson M.D.

Address 1733 Idlewood

Date Feb 10. 1908

Place of Burial U.S. National Cem.

Date February 12th 1908

Undertaker Wm B Crothers

Address 428 Frederick Ave.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 426 N Front St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Giuseppe Martino Cimino

{Residence, if in Baltimore, Give Street and Number.} Baltimore Md

Duration of Residence in Baltimore. Life time 09426

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	11th November 1906
AGE	— years, 15 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore city
FULL NAME OF FATHER	Andrea Cimino
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	Giuseppina Culotta
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant M Cimino

(Address 426 ½ Front

Filed 2/12 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 Febru 7 1908

I HEREBY CERTIFY, That I attended deceased from January 18th 1908 to 11 Febru 1908 that I last saw h— alive on 11 Febru 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate) Measles and bronchitis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Joseph Bavaneo M.D.

Address 204 N. Greene Street.

Date Feby 11 1908

Place of Burial Mt Vernon Cem'y

Date Feby 12 1908

Undertaker Robt J Turner

Address 1424 Bway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1006 Ridgely St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Demminger

{ Residence, if in Baltimore, Give Street and Number. } 1006 Ridgely St Demminger

Duration of Residence in Baltimore. Unknown 9+27

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH about 76 1

AGE 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Frank Wahn

Address 1006 Ridgely St

Filed 2/12 1908

HARRY C. ANDRIUS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 8th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 30th 1907 to Feb 8th 1908 that I last saw h[illegible] alive on Feb 7th 1908 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Hypertrophy of Heart & Valvular Disease

a bout 3 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas L. Luckenbaugh M.D.

Address 918 N. Paca St.

Date Feb 10th 1908.

Place of Burial Loudon Park

Date Feb 19 1908

Undertaker Wm Pickett Sons

Address Caroline Place St

WM. J. C. DULANY CO., BALTIMORE

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 31 E Montgomery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Reuben Faulkner

{Residence, if in Baltimore, Give Street and Number.} 31 E Montgomery St

Duration of Residence in Baltimore. Life

C 9428

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Mar 31 1852
AGE	55 years, 10 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Not Known
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Faulkner

(Address) 31 E Montgomery St

Filed 2/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 11 1908

I HEREBY CERTIFY, That I attended deceased from Feb 8 1908 to Feb 11 1908 that I last saw him alive on Feb 10 1908, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 14 DAYS

(Signed) Harry Goss M.D.

Address 909 Cathedral

Date Feb 12 1908

Place of Burial LOUDON PARK. ✓

Date FEB 13 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 808 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James Thomas Cain —

{Residence, if in Baltimore, Give Street and Number.} 808 N. Gilmor St —

Duration of Residence in Baltimore. 62 Years. C9429

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 30th 1845

AGE: 62 years, 10 months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Thomas J. Cain

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Bridget O'connor

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired Polic Officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James T Cain Jr

(Address) 808 N Gilmor St

Filed 2/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 10th, 1908

I HEREBY CERTIFY, That I attended deceased from August 1906 to Feb. 10th 1908 that I last saw h[illegible] alive on Feb 10th 1908, and that death occurred, on the date stated above, at 7:24 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac and Renal Failure.

(DURATION) 3 DAYS

Contributory (Primary) Cerebral Softening

Five years & some months (DURATION) DAYS

(Signed) J. M. Hayes M.D.

Address 1901 N. Dickey St.

Date Feb. 12th, 1908

Place of Burial Cathedral Cemetery

Date Feb 13 1908

Undertaker Armstrong Denny Co

Address 715 Light St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Magaret Willis

{ Residence, if in Baltimore, Give Street and Number. } 719 N. Mount St

Duration of Residence in Baltimore. Life time. 19730

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Jan 30 1908

AGE: 5 years, — months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: J A Willis

BIRTHPLACE OF FATHER (State or country): Kent Co Md.

MAIDEN NAME OF MOTHER: Marie K Raae

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J A Willis

(Address) 719 N Mount St

Filed 2/12 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2 — 11 — 1908

I HEREBY CERTIFY, That I attended deceased from 2 — 7 1908 to 2 — 11 — 1908 that I last saw h er alive on 2 — 11 — 1908, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure.

(DURATION) 1 DAYS

Contributory (Primary.) diphtheria +

Scarlett fever (DURATION) 5 DAYS

(Signed) S Dramare M.D.

Address 1604 Linden ave

Date 2 — 12 1908

Place of Burial Druaine burying

Date Feb 12 1908

Undertaker W Marvin Routson

Address 814 E. Fremont & Saratoga

WM. J. C. DULANY CO., BALTIMORE.

2. P. W.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo Wean — weaver

{ Residence, if in Baltimore, Give Street and Number. } 814 Wood X

Duration of Residence in Baltimore. 8 yrs — C 9431

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) France —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Fat —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 8 — 1908

I HEREBY CERTIFY, That I attended deceased from Dec 21 1908 to Feb 8 1908 that I last saw h— alive on Feb 8 1908, and that death occurred, on the date stated above, at 2.50 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Aneurism of the Aorta

(DURATION) — DAYS

Contributory (Primary.) Syphilis

(DURATION) DAYS

(Signed) W W Baker M.D.

Address Balto City Hosp —

Date 2/10 — 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 11 1908 1908

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

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WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 814 Jackson Ct. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Kalbfleisch

{Residence, if in Baltimore, Give Street and Number.} 814 Jackson Ct.

Duration of Residence in Baltimore. 50 yrs- C9432

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 82 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 2/12 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 9th 1908

I HEREBY CERTIFY, That I attended deceased from February 9th 190 to February 9th 1908 that I last saw h-r alive on February 9th 190 8, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senility (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) Robt. J. Murray, M.D. M.D.

Address 510 N. Fremont Ave-

Date February 12th 1908

Place of Burial Western Cemetery

Date Feb 12 1908

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 638 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Etta Hobbs

{ Residence, if in Baltimore, Give Street and Number. } 638 W Lexington St

Duration of Residence in Baltimore. 3 yrs. C 9433

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH age 2 1864

AGE 43 years, 10 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER David Metz

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Virginia ——

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Hobbs.

(Address) 638 W. Lexington St.

Filed 2/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 11th 1908

I HEREBY CERTIFY, That I attended deceased from Jany 28 1908 to Feby 11th 1908

that I last saw her alive on Feby 11th 1908,

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis (DURATION) 10 DAYS

Contributory (Primary) Cardiac Asthma (DURATION) 120 DAYS

(Signed) Edward E. MacGuigan M.D.

Address 1305 W. North Ave

Date Feby 11th 1908.

Place of Burial St Peters Cemetery

Date Feb 12 1908

Undertaker M. Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 629 S Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Enter Sulin

{Residence, if in Baltimore, Give Street and Number.} 629 S Bradford St

Duration of Residence in Baltimore Life

c9434

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Enter Sulin

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Annie Nolen

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Enter Sulin

(Address) 629 S Bradford

Filed 2/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 11th 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 11th 1908 to Feb. 11th 1908

that I last saw h[illegible] alive on ..... 190.

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.) Same

(DURATION) DAYS

(Signed) J. L. Chapin M.D.

Address 1735 Bank

Date Feb. 12th 1908

Place of Burial St. Athanasius

Date Febr. 12. 1908

Undertaker Frank Engle

Address 1904 Ashland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased), and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 245. N. Arlington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Savoy

{ Residence, if in Baltimore, Give Street and Number. } 245. N Arlington

Duration of Residence in Baltimore. 28

C 9435

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 48 years, 10 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Savoy

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) unknown

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Sarah Savoy

(Address) 245 N Arlington Ave

Filed 2/12 1908 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 8th 1908

I HEREBY CERTIFY, That I attended deceased from A.D. 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation Sudden

(DURATION) DAYS

Con'tributory (Primary) Cardiac Paralysis (DURATION) Few DAYS

(Signed) Edmund Jones M.D.

Address Coroners

Date Feb 9th 1908

Place of Burial Mt Auburn Cemetery

Date Feb 12 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 535 Colvin St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary E. Smith

{ Residence, if in Baltimore, Give Street and Number. } 535 Colvin St.

9436

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 41 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Ind Known

BIRTHPLACE OF FATHER (State or country): " " —

MAIDEN NAME OF MOTHER: " " —

BIRTHPLACE OF MOTHER (State or country): " " —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex. Smith

(Address) 535 Colvin St.

Filed 2/12 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 10 1908

I HEREBY CERTIFY, That I attended deceased from Coroners Case 190 to 190

that I last saw h — alive on — 190 —,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute indigestion

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. L. Hayden Coroner M.D.

Address 1216 N. Caroline St

Date Feb. 10. 1908

Place of Burial Laurel Cem

Date Feb 12 1908

Undertaker R. A. Elliott

Address 514 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9437

City of Baltimore, (No. 2022, Etting St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. James

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Colored.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Canada.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah James

(Address) 2022 Etting St.

Filed 2/12 1908 HARRY C. ANDREWS, Per M.C.M. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 11th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from January 7th 1908 to February 11th 1908 that I last saw him alive on February 11th 1908, and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Pleurisy

(DURATION) DAYS

Contributory Cerebral Apoplexy. (DURATION) 1 30 DAYS

(Signed) Geo. H. Lautenbach M. D.

Feb 11th 1908 (Address) 635 Hooker St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt National Cemetery — DATE OF BURIAL: Feby 14th 1908

UNDERTAKER: Felix B Pyle — ADDRESS: 102 E Lombard

WM. J. C. DULANY CO., BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9438

City of Baltimore, (No. 1930 N Payson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret A. Ruth.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	2 2 1828
AGE	80 years, — months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	West Virginia
FULL NAME OF FATHER	Wm Arnott
BIRTHPLACE OF FATHER (State or country)	Maine
MAIDEN NAME OF MOTHER	Cynthia Hanley
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	At home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs R. M. Maddox

(Address) 1930 N Payson St

Filed 2/12 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2 (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 5th 1908 to Feby 12th 1908

that I last saw h[illegible] alive on Feby 11th 1908

and that death occurred, on the date stated above, at 8 a M. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) 7 DAYS

Contributory Old age

(DURATION) DAYS

(Signed) C. N. Duvall M. D.

Feb 12 1908 (Address) 1326 N Mount St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park

DATE OF BURIAL Feb 13 1908

UNDERTAKER Chas. E. Fraser

ADDRESS 746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 607 Sewell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank C Ryan

{Residence, if in Baltimore, Give Street and Number.} 607 Sewell St.

Duration of Residence in Baltimore. 9439

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Dec 29 1907

AGE ..... years, 1 months, 14 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Frank Ryan

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Conner

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ryan

(Address) 607 Sewell St

Filed 2/12 1908 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 11 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 11 1908 to Feb 11 1908 that I last saw h[illegible] alive on Feb 8 1908, and that death occurred, on the date stated above, at 4.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 1 Hours

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jesse Hough M.D.

Address 1701 Park ave

Date Feb 12 1908

Place of Burial Loudon Park

Date Feb. 12 1908

Undertaker Chas. E. Frantz

Address 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9440

City of Baltimore, (No. 1900, Presbury St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joshua A Shipley

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July (Month) 3 (Day) 1855 (Year)

AGE 52 years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Joshua A Shipley

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Elizabeth

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Coral Hellman

(Address) 1510 N. Eden St

Filed 2/12 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 2 1908 to Feby 10 1908

that I last saw h[illegible] alive on Feby 10 1908,

and that death occurred, on the date stated above, at 12 20 A. M. The CAUSE OF DEATH was as follows:

Brights Dis, complicated with Chronic Bronchitis & Bladder trouble

from family statement (DURATION) 5 mo DAYS

Contributory Weakness of heart

(DURATION) 5 DAYS

(Signed) E.C. Smith M. D.

Feby 11 1908 (Address) 1605 N. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park

DATE OF BURIAL Feb 13 1908

UNDERTAKER Wm Cook.

ADDRESS 502 E Fayette Ave

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 908 Hollins St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francis Edgar Lawlor

{ Residence, if in Baltimore, Give Street and Number. } 908 Hollins St

C9441

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 7 years, months, 15 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Thomas Lawlor

BIRTHPLACE OF FATHER (State or country): Baltimore – Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Baltimore – Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Lawlor

(Address) 908 Hollins St.

Filed 2/12 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 11th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13th 1908 to Feb 11th 1908 that I last saw h im alive on Feb 11th 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Scarlatina (DURATION) 29 DAYS

Contributory (Primary) Hypostatic (Lung) pneumonia (DURATION) 2 – DAYS

(Signed) Joseph C. Wunderly M.D.

Address 1823 Madison Ave.

Date February 11th 1908

Place of Burial Cathedral Cemetery

Date Feb 12th 1908

Undertaker John F Coyan

Address 901 Hollins St

3 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 1225 Greenmount ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah E Hofmann

{ Residence, if in Baltimore, Give Street and Number. } 1225 Greenmount ave

Duration of Residence in Baltimore. Lifetime C 9442

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 15th 1834

AGE: 74 years, months, 27 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: dont Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ida B Frederick

(Address) 1225 Greenmount ave

Filed 2/12 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 12 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Feb 12 1908

that I last saw her alive on Feb 11 1908

and that death occurred, on the date stated above, at 5.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Senility.

(DURATION) DAYS

Contributory (Primary.) Prostration following Grip. Jan 1st. (DURATION) DAYS

(Signed) W. L. Todd M.D.

Address 1202 E. Monument St.

Date Feb 12 1908.

Place of Burial Baltimore Cemetery

Date February 14th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital Lombard Green St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Smith

{Residence, if in Baltimore, Give Street and Number.} Belair, Md

Duration of Residence in Baltimore. 5 days

C9443

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX F / COLOR ~~W~~ B	DATE OF DEATH Feb. 10th 1907
DATE OF BIRTH 1	I HEREBY CERTIFY, That I attended deceased from Feb 6th 1908 to Feb 10th 1908
AGE 38 years, months, days	that I last saw her alive on Feb 10th 1908
SINGLE, MARRIED, WIDOWED, OR DIVORCED Single	and that death occurred, on the date stated above, at 4-45 9 M.
BIRTHPLACE (State or country) Md.	CAUSE OF DEATH (Secondary or Immediate.)
FULL NAME OF FATHER	(DURATION) DAYS
BIRTHPLACE OF FATHER (State or country)	Con'tributory (Primary.) Tetanus after ether (DURATION) (?) DAYS
MAIDEN NAME OF MOTHER	(Signed) R. C. Faulkner M.D.
BIRTHPLACE OF MOTHER (State or country)	Address University Hospital
OCCUPATION OF DECEASED Cook	Date 2/11/1908 1908
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Place of Burial Aberdeen Md
(Informant) Wm. Silver	Date Feby. 13 = 1908
(Address) Aberdeen Md	Undertaker E. M. Mitchell
Filed 2/12 1908 HARRY O. ANDREWS. Registrar PERMIT CLERK.	Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 422 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Francis Clumey

{ Residence, if in Baltimore, Give Street and Number. } 422 Light St

Duration of Residence in Baltimore Lifetime C9444

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH July 26 1864

AGE 43 years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Robert Clumey

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Clumey

(Address) 722 Light St

Filed 2/12 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 10 1908

I HEREBY CERTIFY, That I attended deceased from Feby 4 1908 to Feby 10 1908 that I last saw h[illegible] alive on Feby 10 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Laqrippe Influenza

(DURATION) DAYS

(Signed) L H Turlington M.D.

Address 102 E Fort Ave

Date Feby 11 1908

Place of Burial St Peters Cemetery

Date Feb 13 1908

Undertaker F A Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

6

(Place of Death.) No. 1528 Mt. Royal Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Kennedy.

{ Residence, if in Baltimore, Give Street and Number. } 1528 Mt. Royal Ave.

Duration of Residence in Baltimore. 19 years

C 9445

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Oct. 22 1854

AGE 53 years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Kennedy

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Bridget Delaney

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Iron Foundry.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Kennedy.

(Address) 1528 Mt. Royal Ave.

Filed 2/12 1908

HARRY C. ANDREWS.
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 9th. 1908

I HEREBY CERTIFY, That I attended deceased from ——— 1900 to Feby 9th 1908

that I last saw h[illegible] alive on Feby 9th 1908,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

A poetic condition like that occurring in Poneis, leading to produce exhaustion & death.

(DURATION) 90 DAYS

Contributory (Primary.) Locomotor Ataxia

12-15 years (DURATION) ——— DAYS

(Signed) E. L. Wan Sup. M.D.

Address 200 W. Lafayette ave

Date Feb 10th 1908

Place of Burial Cathedral Cemetery

Date February 1908

Undertaker Henry W. Means & Son.

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

60

CERTIFICATE OF DEATH.

(Place of Death.) No. 1812 E Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa Prechtel

{Residence, if in Baltimore, Give Street and Number.} 1812 E Federal

Duration of Residence in Baltimore. Myrs @9446

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH March 25 1825

AGE 82 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo B Prechtel

(Address) 1814 E Federal

Filed 2/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 11 1908

I HEREBY CERTIFY, That I attended deceased from Jany 31 1908 to Feb 11 1908 that I last saw h er alive on Feb 10 1908, and that death occurred, on the date stated above, at 1.30 a.m.

CAUSE OF DEATH (Secondary or Immediate)

Carcinoma

(DURATION) DAYS

Con'ributory (Primary)

Exhaustion (DURATION) DAYS

(Signed) A Johnston M.D.

Address 150 N Bond St

Date Feb 12 1908

Place of Burial Dulls Cemetery

Date Feby 13. 1908

Undertaker [illegible]

Address 1442 N Broadway.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

177

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harris Zalewski

{ Residence, if in Baltimore, Give Street and Number. } Balto City Hospitals

Duration of Residence in Baltimore. 3 mos.

C 9447

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH May 12th 1903

AGE ... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher M.D.

(Address) 22 S. Hay. St.

Filed 2/12 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 12 1908

I HEREBY CERTIFY, That I attended deceased from Jan 31 1908 to Feb 12 1908 that I last saw h alive on Feb 12 1908, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) — DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) A. Schumacher M.D.

Address Balto City Hosp.

Date Feb 12 1908

Place of Burial Evergreen Cem.

Date Feb. 13 1908

Undertaker H. Fenton Powell

Address 1718 Eutaw Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 566 Inch St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Mollie ~~Baby~~ Watts Wallace

{ Residence, if in Baltimore, Give Street and Number. } S. E. Church St.

Duration of Residence in Baltimore. always. 9448

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR B.

DATE OF BIRTH Feb 1st 1908

AGE ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER ~~Unknown~~ Joshua Roby.

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Mollie Watts Wallace

BIRTHPLACE OF MOTHER (State or country) Calvert Co. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie Wallace mother

(Address) 5 E Church St

Filed Feb 13" 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 9th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1908 to Feb 9th 1908

that I last saw him alive on Feb 6th 1908,

and that death occurred, on the date stated above, at 4.00 a M. CAUSE OF DEATH (Secondary or Immediate)

Unknown

(DURATION) DAYS

Contributory (Primary.) apparent neglect of parent

(DURATION) DAYS

(Signed) L. M. Allen M.D.

Address 622 W. Lombard St

Date Feb 11th 1908

Place of Burial Mt Auburn cemetery

Date Feb 3 1908

Undertaker J. A. Godwin

Address 1142 N Gilmor St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Granville Jones

{ Residence, if in Baltimore, Give Street and Number. } 35 E. Hughes St.

C 9449

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR col

DATE OF BIRTH 1

AGE 5-8 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Dont No

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER Dont No.

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED Laber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Jones

(Address) 35 E Hughes St

Filed Feb 13 " 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 10 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 7 1908 to Feb. 10 1908 that I last saw him alive on Feb. 10 1908, and that death occurred, on the date stated above, at 1:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure.

(DURATION) DAYS.

Contributory (Primary.) Myocarditis.

Two months. (DURATION) DAYS

(Signed) Con Schmith M.D.

Address St Joseph's Hosp.

Date Feb. 10 1908.

Place of Burial Mt auburn cemty

Date Feb 13 1908

Undertaker John H Toadvine

Address 142 N Gill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 9450
64

Registered No. B

City of Baltimore, (No. 574 Oxford St.; 17th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas. A. Grafton Key

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH [illegible] (Month) 1 (Day) [illegible] (Year)

AGE 73 years, ____ months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER James Key

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Ar Known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Preacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Key

(Address) Frederick Md

Filed Feb 13" 1908

HARRY C. ANDREWS
Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2 (Month) 12th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 10th 1908 to Feb. 11th 1908

that I last saw him alive on the 11th Feb 1908,

and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH was as follows:

Apoplexy

37 hrs. (DURATION) ____ DAYS

Contributory ____ (DURATION) ____ DAYS

(Signed) R. M. Hall M. D.

Feb 12th 1908 (Address) 1019 Druid Hill Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL Mt Auburn — DATE OF BURIAL Feb 14 1908

UNDERTAKER Alex Hemsley — ADDRESS 516 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 909 Leadenhall Street St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Pritchett

{Residence, if in Baltimore, Give Street and Number.} 909 Leadenhall Street

C4451

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 18 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Addison Pritchett

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Louisa Kimbal

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Algie Pritchett

(Address) Annandale Va

Filed Feb 13 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 11th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 7 1905 to Feb 1908

that I last saw h~~er~~ alive on Feb 1908,

and that death occurred, on the date stated above, at 12.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 8 DAYS

(Signed) A W Forcen M.D.

Address 712 S. Sharp St

Date Feb 12 1908

Place of Burial Petersburg Va

Date Feb 12 1908

Undertaker Alex H Emmolen

Address 578 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

120

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Barron

{Residence, if in Baltimore, Give Street and Number.} Havre de Grace Md

Duration of Residence in Baltimore. ? @9452

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 7 1831

AGE: 77 years, 10 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Barron

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah Hanson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Supt.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F Barron

(Address) 126 Vendenyer Ave Baltimore

Filed 2/13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 13 1908

I HEREBY CERTIFY, That I attended deceased from Feb 7 1908 to Feb 13 1908

that I last saw h[illegible] alive on Feb 13 1908

and that death occurred, on the date stated above, at 1.05 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Cystitis & nephritis

(DURATION) DAYS

(Signed) D. D. Gatch M.D.

Address Johns Hopkins Hospital

Date February 13 1908

Place of Burial Havre De Grace Md

Date Feby. 13 1908

Undertaker E. Schloman & Son

Address 1639 Hanover St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

C 9453

Registered No. B .....

City of Baltimore, (No. 904, Park ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Lloyd Alexander

PERSONAL AND STATISTICAL PARTICULARS

SEX: mal	COLOR: Colored
DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)	
AGE: 32 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Richmond Va	
FULL NAME OF FATHER: —	—
BIRTHPLACE OF FATHER (State or country): —	—
MAIDEN NAME OF MOTHER: —	—
BIRTHPLACE OF MOTHER (State or country): —	—
OCCUPATION OF DECEASED: Waiter	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Pressman st

Filed 2/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 11th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 11th 1908 to Feb. 11th 1908 that I last saw him alive on Feb. 11th 1908, and that death occurred, on the date stated above, at 3.30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

1 Month (DURATION) 14 DAYS

Contributory ? (DURATION) ..... DAYS

(Signed) Eldridge C. Price M. D.

Feb. 12th 1908 (Address) 1012 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Auburn	Feb 13 1908
UNDERTAKER	ADDRESS
JAMES H. DENNIS	1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No. 601 W West — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie C. Higdon

{Residence, if in Baltimore, Give Street and Number.} 601 W West St.

Duration of Residence in Baltimore. Life

C9454

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	March 19 1846
AGE	61 years, 10 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Wm F Reesides
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Catherine Kegelein
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert L Higdon

(Address) 601 W. West st

Filed 2/13 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 11th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3 1908 to Feb 11 1908 that I last saw h[e] alive on Feb 10 1908, and that death occurred, on the date stated above, at 8 a.m. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 30 DAYS

Contributory (Primary.) Uraemia (DURATION) 2 DAYS

(Signed) Edward Campbell M.D.

Address 617 Scott st

Date Feb 12 1908

Place of Burial Mount Olivet

Date Feb 13th 1908

Undertaker E Schlosser & Son

Address 1024 Hanover st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ...ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ...to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ...forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ...ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 213 Myrtle ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Jones.

{Residence, if in Baltimore, Give Street and Number.} 213 Myrtle ave. c9455

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colrd

DATE OF BIRTH: ...1...

AGE: 24 years, ... months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Bal

FULL NAME OF FATHER: Richard Jones

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: annie Hawkins

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) annie Jones

(Address) 213 myrtle ave

Filed 2/13 1908

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 11 1908

I HEREBY CERTIFY, That I attended deceased from Feby 1 1908 to Feby 10 1908 that I last saw h im alive on Feby 10 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

... (DURATION) ... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ... DAYS

(Signed) M. A. Weinberg M.D.

Address 742 W Fayette St

Date Feby 14 1908

Place of Burial Laurel Cemetery

Date Feb 14 1908

Undertaker John F. Jordan

Address 142 W Hall St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be e duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a tting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1026 S. Eutaw Street St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs Mary Gray.

{ Residence, if in Baltimore, Give Street and Number. } 1026 S. Eutaw Street

Duration of Residence in Baltimore. After

c9456

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Female / COLOR colored	DATE OF DEATH Feb 11 1908
DATE OF BIRTH 1	I HEREBY CERTIFY, That I attended deceased from Jan 6th 1908 to Feb 11 1908
AGE 59 years, ... months, ... days	that I last saw h alive on Feb 10 1908,
SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~ Widow	and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)
BIRTHPLACE (State or country) Md	Bronchitis.
FULL NAME OF FATHER Jessie Spriggs	
BIRTHPLACE OF FATHER (State or country) Md	(DURATION) 5 D. DAYS
MAIDEN NAME OF MOTHER Rachel Rhodes	Contributory (Primary.) Heart Failure
BIRTHPLACE OF MOTHER (State or country) Md	(DURATION) 5 W. DAYS
OCCUPATION OF DECEASED Domestic	(Signed) C. H. Flowers M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address 712 S. Kane St
(Informant) Lena Gray	Date Feb 11 190
(Address) 1026 Eutaw St	Place of Burial Mt Auburn cemty
Filed 2/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar	Date Feb 13 190
	Undertaker Kahn & Jacobson
	Address 1402 W Fayette St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it sha
e duty of the Physician who attende
tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certi
tting forth, as far as the same can be a
ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital Balto City St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harrison Hopper

{Residence, if in Baltimore, Give Street and Number.} 429 E. Lafayette Ave

Duration of Residence in Baltimore. 4 weeks

c9457

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: Sept 12 – 1849

AGE: 67. years, 5 months, = days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John A. Hopper

BIRTHPLACE OF FATHER (State or country): N. J.

MAIDEN NAME OF MOTHER: Eliz. T. Alberson

BIRTHPLACE OF MOTHER (State or country): N. J.

OCCUPATION OF DECEASED: Cooke

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. L. Hopper

(Address) Havre de Grace

Filed 2/13 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 12 Th 1908.

I HEREBY CERTIFY, That I attended deceased from Jan 14 Th 1908 to Feb 12 1908.

that I last saw h~~im~~ alive on Feb 12 Th 1908.

and that death occurred, on the date stated above, at 6.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Myocarditis, chronic nephritis.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Pelouze M.D.

Address John Hopkins Hospital

Date Feb 13 1908

Place of Burial Havre De Grace Md

Date Feb 13 th 1908

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9458

Bees. Eye Ear & Throat Charity Hosp.

City of Baltimore, (No. 625 W. Hamburg St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Belle Katzoff

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March (Month) ... (Day) 1886 (Year)

AGE: — years, 21 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Katzoff

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mary Lapidus

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Katzoff

(Address) 1011 E. Fairmount St.

Filed 2/13 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 31 1908 to Feb 12 1908

that I last saw h[illegible] alive on Feb 12 1908,

and that death occurred, on the date stated above, at 5.15 p.m. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) ..... DAYS

Contributory Mastoiditis

(DURATION) 19 DAYS

(Signed) J. W. Downey Jr. M. D.

Feb 12 1908 (Address) 625 W. Hamburg

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1011 E. Fairmount St. How long at Place of Death? 13 Days

Where was disease contracted, if not at place of death? Town

PLACE OF BURIAL OR REMOVAL: Hebrew Rodale Cemet

DATE OF BURIAL: Feb. 13 1908

UNDERTAKER: Max Linnen

ADDRESS: 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 936 Harmony Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E Frontleroy

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — 1852

AGE 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore. Md.

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Foulkeroy

(Address) 936. Harmony Lane

Filed 2/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 11th 1908

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate

Gangrene, from burns accidentally rec'd on Jan 13th 1908 & Shock of accident, both of these Contributory (Primary.) Jan 13th Feb 11th. (DURATION) DAYS

(DURATION) DAYS

Signed J. S. Gahtard M.D. Coroner

Address 711 W. Lanvale St

Date Feb 13th 1908

Place of Burial Laurel Cemetery

Date Feb. 14th 1908

Undertaker Felix B. Pope.

Address 102 E. Mulberry St.

See following certificate

WM. J. C. DULANY CO., Baltimore

CERTIFICATE OF DEATH.

(Place of Death.) No. 936 Hannany Lane ~~St~~ (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary E. Fortlany

{ Residence, if in Baltimore, Give Street and Number. } 936 Hannany Lane

Duration of Residence in Baltimore. Life time 09459

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ——— 1852

AGE 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mary Fortlany

(Address) 936 Hannany Lane

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 11th 1908.

I HEREBY CERTIFY, That I attended deceased from Feby 3 1908 to Feby 11 1908.

that I last saw h[illegible] alive on Feby 11 1908.

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion Lungs (DURATION) 7 DAYS

Contributory (Primary)

Edema Brain Softening (DURATION) 30 DAYS

(Signed) Edward Eichelberger M.D.

Address 1305 N. North Ave.

Date Feby 12th 1908.

Place of Burial Laurel Cemetery.

Date Feby 13th 1908

Undertaker Felix B Frye.

Address 1022 Mulberry st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1423 N. Gay St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name George Douglass

{Residence, if in Baltimore, Give Street and Number.} 1423 N. Gay st

Duration of Residence in Baltimore. Life C.G.H.O

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 12 1886

AGE 21 years, 7 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George Douglass

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Annie Dagger

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs Douglass

(Address) 1423 N. Gay st

Filed 2/13 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febr 1 1908

I HEREBY CERTIFY, That I attended deceased from June 28 1907 to Feb 1 1908

that I last saw him alive on Feb 1 1908

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Abscess of Left Jaw

Exhaustion (DURATION) DAYS

Contributory (Primary) Septicaemia (DURATION) DAYS

(Signed) H. S. Gehry M.D.

Address 173 E. Baltimore St

Date Feb 1 1908

Place of Burial Baltimore Cemetery

Date Feb 14th 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1820 Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Edmund McDowell

{ Residence, if in Baltimore, Give Street and Number. } 1820 Saratoga

Duration of Residence in Baltimore. Life C 9461

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 6 1907

AGE ..... years, 5 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Harry C McDowell

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Sarah Woods

BIRTHPLACE OF MOTHER (State or country) MD

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah McDowell

(Address) 1820 W Saratoga

Filed 2/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 12 1908

I HEREBY CERTIFY, That I attended deceased from Jan 30 TO Feb 12 1908

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....m. CAUSE OF DEATH (Secondary or Immediate)

Congestion Lungs

..... (DURATION) ..... DAYS

Con'tributory (Primary) Exposure

..... (DURATION) ..... DAYS

(Signed) Frank Jones M.D.

Address Catonsville

Date Feb 12 1908

Place of Burial Loudon Park

Date Feby 13 1908

Undertaker W J Tickner Son

Address Catonsville

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

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(Place of Death.) No. 609 N. Bradford St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Jamie Hawkins

{Residence, if in Baltimore, Give Street and Number.} 609 N. Bradford

Duration of Residence in Baltimore. Life

C 4162

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE X years, X months, 21 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER J. Sidh Hawkins

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Emily Hughes

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emily Hughes

(Address) 609 N Bradford

Filed 2/13 1908 HARRY C. ANDREWS, M.D. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 12 1908

I HEREBY CERTIFY, That I attended deceased from

~~1900~~ to ~~1900~~

that I last saw h~~alive on~~ ~~1900~~,

and that death occurred, on the date stated above, at 7 9 M. CAUSE OF DEATH (Secondary or Immediate)

Ignition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Catonsville

Date Feb 12-08 1908

Place of Burial Asbury

Date February 14 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ladie M Grau

{Residence, if in Baltimore, Give Street and Number.} 1515 Montford Ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. | COLOR White

DATE OF BIRTH I

AGE 7 years, 10 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Henry Grau.

BIRTHPLACE OF FATHER (State or country) Ger Pa

MAIDEN NAME OF MOTHER Susan Herman

BIRTHPLACE OF MOTHER (State or country) Ger

OCCUPATION OF DECEASED Man.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Grau.

(Address) 1515 Montford Ave

Filed 2/13 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 12, 1908.

I HEREBY CERTIFY, That I attended deceased from Feb. 10 1908 to Feb. 12 1908

that I last saw h 4.55 P.M. alive on Feb. 12, 1908.

and that death occurred, on the date stated above, at 4.56 P.M.

The CAUSE OF DEATH (Secondary or Immediate)

Cerebro-spinal meningitis. (pneumococcus.)

(DURATION) 8 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hosp.

Date Feb. 12, 1908.

Place of Burial Baltimore Cemetery

Date Feb 10th 1908

Undertaker Wm M. Gaulthop

Address 911 W. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Braden

{ Residence, if in Baltimore, Give Street and Number. }

C 9464

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: W.
DATE OF BIRTH: May 1833	
AGE: 74 years, 8 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Patrick Boyle	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: Margareth Keenan	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Housekeeper	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts.

Filed 2/13 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb: 13th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h Sr alive on Feby 12 190 8,

and that death occurred, on the date stated above, at 8,45 a. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date July 13 1908

Place of Burial Greenmount Cemetery

Date Feb 13th 1908

Undertaker Charles Feloy & Son

Address 606 W Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abraham Degal

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Inf Asylum

Duration of Residence in Baltimore. ~~Lif~~ 1 8 days C9465

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: Feb. Nov. 23 1907

AGE: ..... years, 2 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy

(Address)

Filed 2/13 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 10 1908

I HEREBY CERTIFY, That I attended deceased from Feb 3 1908 to Feb 10 1908 that I last saw h~~e~~ alive on Feb 10 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 5 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Haywood M.D.

Address 1230 N Caroline St

Date Feb 14, 1908

Place of Burial Mt Cathedral

Date Feb 13 1908

Undertaker Martin Gahagan & Son

Address 106 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Gertrude Summers

{ *Residence, if in Baltimore, Give Street and Number.* } St Vincent Inf Asy.

Duration of Residence in Baltimore. Lifetime

C 9466

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: Dec 19 1907

AGE: ..... years, 1 month, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Vincents Inf Asy

(Address)

Filed 2/13 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 11 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Feb 11 1908 that I last saw h.. alive on Feb 10 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. J. Hayward M.D.

Address 1225 N. Carlton

Date 2 - 11 1908

Place of Burial New Cathedral

Date February 13 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James C. Minahan

{ *Residence, if in Baltimore, Give Street and Number.* } Albany N.Y.

c 9467

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 49 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): N.Y.	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Telegraph Operator	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs James C. Minahan

(Address) Albany N.Y.

Filed 2/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 13 1908

I HEREBY CERTIFY, That I attended deceased from Feb 4 1908 to Feb 13 1908

that I last saw him alive on Feb 13 1908

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Rectum

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date February 13 1908

Place of Burial Albany N. Y.

Date FEB 13 1908 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9468

City of Baltimore, (No. 1426 n Chester St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mark A. Zromer

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February (Month) 12 (Day) 1908 (Year)

AGE ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Rudolph Zromer

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Lollem Bagwell

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rudolph Zromer

(Address) 1426 N Chester

Filed 2/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from February 10 1908 to February 12 1908 that I last saw him alive on February 11 1908 and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Infantile Convulsions

(DURATION) 24 hrs DAYS

Contributory Asthma

(DURATION) DAYS

(Signed) J. William Francel M. D.

2/12 1908 (Address) 1407 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Trinity Cem

DATE OF BURIAL 2/13 1908

UNDERTAKER J. Henry & Son

ADDRESS 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 314 Elm Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. H. Stinchcomb

{ Residence, if in Baltimore, Give Street and Number. } 314 Elm Ave

19469

Duration of Residence in Baltimore. 23 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 9 1841
AGE	66 years, 6 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Howard Co. Md
FULL NAME OF FATHER	H. Stinchcomb
BIRTHPLACE OF FATHER (State or country)	Howard Co.
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Shoe Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Stinchcomb

(Address) 314 Elm Ave

Filed 2/13 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 12 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1 1905 to Feb 12 1908 that I last saw h[illegible] alive on Feb 11 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

acute Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary) Pneumonia

11 (DURATION) 11 DAYS

(Signed) Harry C. Alexander M.D.

Address 340 Roland Ave

Date Feb 12 1908

Place of Burial St. Mary's A.

Date Feb 14 1908

Undertaker V. E. Marshall

Address 3533 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. BC 9470

City of Baltimore, (No. 1022 Appleton (75) St.; 15 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wilhelmina R Thompson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 20 (Month) (Day) 1852 (Year)

AGE: 55 years, months, 18 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John D. Thompson

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Adelina Dover Turner

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1022 Appleton St

Filed 2/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 12 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Feb 11 1908

that I last saw h alive on Feb 11 1908,

and that death occurred on the date stated above, at 12:30 A.M. The CAUSE OF DEATH was as follows:

Cardiac Dilatation, with Stenosis Mitral Valve + Disease of Aortic + Tricuspid valves.

about 5 years (DURATION) DAYS

Contributory Rheumatism

about Seven Months (DURATION) DAYS

(Signed) John Carson M. D.

Feb 13 1908 (Address) 2129 York Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: Feb 14 1908

UNDERTAKER: C. A. Kindell & Son — ADDRESS: 413 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 1003 Mc Culloh St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann Buchanan (Coale) Brown

{ Residence, if in Baltimore, Give Street and Number. } 1003 Mc Culloh Street Baltimore

Duration of Residence in Baltimore... 76 years C9471

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 5th 1831

AGE: 76 years, 11 months, 22 days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Edward Johnson Coale

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Ann Buchanan

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary B. Redmond

(Address) 1003 Mc Culloh St

Filed 2/13 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Tues. Feb 11 H 2 1908

I HEREBY CERTIFY, That I attended deceased from Dec 24th 1907 to Feb 11th 1908

that I last saw h er alive on Feb 1st 1908,

and that death occurred, on the date stated above, at 11.45

I. CAUSE OF DEATH (Secondary or Immediate)

Heart exhaustion

(DURATION) 10 DAYS

Contributory (Primary.) Grippe &

Pneumonia (DURATION) 30 DAYS

(Signed) Henry B Redmond M.D.

Address 1007 Cumberland St

Date Feb 12th 1908

Place of Burial Greenmount

Date February 14th 1908

Undertaker Wm Jenkins Son & Co

Address 300 W. Madison St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

77

CERTIFICATE OF DEATH.

Registered No. B C 9472

City of Baltimore, (No. 439, W. 24th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James M. Morris

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 20 1862 (Month) (Day) (Year)
AGE	45 years, 8 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Patrick Morris
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Bridget Corcoran
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Morris

(Address) 439 W. 24th St.

Filed 2/13 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 11 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 1st 1908 to Feby 11 1908 that I last saw h[illegible] alive on Feby 9 1908, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

(DURATION) 1 Yr DAYS

Contributory Exhaustion

(DURATION) — DAYS

(Signed) W. A. Fair M. D.

Feby 12 1908 (Address) 12 E 25th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	Feb 14th 1908
UNDERTAKER	ADDRESS
A F Philbin	1711 Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certific ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the pe ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1804 Maryland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary R Langdon

{Residence, if in Baltimore, Give Street and Number.} 1804 Md Ave

c9473

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH May 16 1840

AGE 67 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm Wright

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margt S Kenders

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ruth A Langdon

(Address) 1804 Md ave

Filed 2/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 12 1908

I HEREBY CERTIFY, That I attended deceased from Feby 12 1908 to Feby 12 1908

that I last saw her alive on Feby 12 1908

and that death occurred, on the date stated above, at 4 15 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage 8 or

Thrombus

Prob. Chr Int Nephritis

5 or 6 Years (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) H C Stonesifer M.D.

Address 1 E Northern

Date Feby 12 1908

Place of Burial Mt Olivet

Date Feb 14th 1908

Undertaker A F Philbin

Address 1711 Md ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

9

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John M. Dougall

{Residence, if in Baltimore, Give Street and Number.}

c9494

Duration of Residence in Baltimore. Bay View 12 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: white
DATE OF BIRTH: 1	
AGE: 65 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed	
BIRTHPLACE (State or country): —	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): Ireland	
MAIDEN NAME OF MOTHER: ~~Ireland~~	
BIRTHPLACE OF MOTHER (State or country): Ireland.	
OCCUPATION OF DECEASED: Clerk	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM

(Address)

Filed 2/12 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2 - 11 - 08 190

I HEREBY CERTIFY, That I attended deceased from Oct 4th 1908 to 2-11- 1908

that I last saw h~~im~~ alive on 2 - 11 1908,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary oedema
& mitral regurg.

(DURATION) 2 DAYS

Contributory (Primary.) Acute Bilateral Bronchopneumonia (DURATION) 8 DAYS

(Signed) R P Bay M.D.

Address Bay View Hosp.

Date Feb- 12th 1908.

Place of Burial Sacred Heart Cemetery

Date Feb. 14 1908

Undertaker Germanus Thanz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 325 Warner Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Jacob Hoffman

{ Residence, if in Baltimore, Give Street and Number. } 325 ~~Warner~~ Wakem. ave.

Duration of Residence in Baltimore. 22 Years

c 9475

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. 23 1836

AGE: 71 years, — mont's, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Co

FULL NAME OF FATHER: Henry Hoffman

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Littie Schare

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Paperhanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Hoffman

(Address) 325 Warner Ave

Filed 2/13 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 12 1908

I HEREBY CERTIFY, That I attended deceased from Dec 8 1907 to Feb 8 1908 that I last saw him alive on Feb 8 1908, and that death occurred, on the date stated above, at 3. a. m. CAUSE OF DEATH (Secondary or Immediate)

Senile Dementia

8 Mos (DURATION) — DAYS

Con'ributory (Primary) Exhaustion due to lack of rest and refusal to take food

(Signed) E D Ellis M.D.

Address 915 Light st

Date Feb 13 1908

Place of Burial Cedarhill

Date Feb 14 1908

Undertaker Wm Cook

Address 602 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 415 Lorraine ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James J. Dougherty

{ Residence, if in Baltimore, Give Street and Number. } 415 Lorraine ave

C9476

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 2 1858

AGE: ~ years, 50 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Daugherty

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs Daugherty

(Address) 415 Lorraine ave

Filed 2/13 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 11 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1 1908 to Feb 11 1908 that I last saw h~~im~~ alive on Feb 10 1908, and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate.)

Diffused tuberculosis

Eleven (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. G. Rusk M.D.
Es. G. Bunker

Address 2900 E. Baltimore st

Date February 13 1908

Place of Burial New Cathedral

Date Feb 14 1908

Undertaker Jacob Ahrens & Co

Address 754 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

26

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theodore R. Smith.

{Residence, if in Baltimore, Give Street and Number.} 905 Burgundy St

Duration of Residence in Baltimore. Life.

9477

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	W.
DATE OF BIRTH	March 1. 1836
AGE	71 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	W. T. Smith
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	S. E. Ford
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss E. S. Smith

(Address) 2712 Bernard st

Filed Feb 14" 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2 — 13 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan 29 1908 to Feb 13 1908 that I last saw h.... alive on Feb 13 1908, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Tubercular Laryngitis (DURATION) One year

(Signed) W. W. Bowen M.D.

Address Md. General Hosp.

Date Feb. 13, 1908.

Place of Burial Balto Cemetry

Date Feb 15 1908

Undertaker W. E. Chenoweth & Son

Address 919 3rd ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1419 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barbara Weyler

{Residence, if in Baltimore, Give Street and Number.} 1419 Hanover St

Duration of Residence in Baltimore. 20 yrs.

C 9478

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 14. 1819

AGE 88 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Stephens (Son in Law)

(Address) 1419 Hanover St.

Filed 2/14 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 11 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1907 to Feb. 9th 1908 that I last saw h[illegible] alive on Feb. 9th 1908 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old Age & Chronic Interstitial Nephritis Several Years (DURATION) DAYS

Contributory (Primary) Cardiac Asthenia 3 Weeks (DURATION) DAYS

(Signed) H. J. Carrick M.D.

Address 1417 McCulloch St

Date Balto. Md. Feb. 13. 1908

Place of Burial ~~Cumberland Penn~~ London Park Cem.

Date February 14. 1908

Undertaker Daniel and Margaret G. Hyer

Address 42 E. West (Back)

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1126 E. Lexington St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Earl Turner

{ Residence, if in Baltimore, Give Street and Number. } 1126 E. Lexington St.

C 9479

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colored

DATE OF BIRTH: Aug. 13. 1907

AGE: — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balt. Md.

FULL NAME OF FATHER: Frank H. Turner

BIRTHPLACE OF FATHER (State or country): Balt. Md

MAIDEN NAME OF MOTHER: Lilly Milligan

BIRTHPLACE OF MOTHER (State or country): Balt. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank H. Turner

(Address) 1126 E. Lexington St.

Filed 2/14 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 12. 1908

I HEREBY CERTIFY, That I attended deceased from Coroner's Case 190— to 190—

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) — DAYS

Contributory (Primary.) Acute indigestion

(DURATION) — DAYS

(Signed) Benj. S. Hayden, Coroner M.D.

Address 1216 Caroline St

Date Feb. 13 1908

Place of Burial Laurel

Date Feb 14th 1908

Undertaker Wm J. G. Jackson

Address 1421 Mullikin St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***enty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

C 9480

City of Baltimore, (No. 1094 N Front St.; ..... Ward) Registered No. B .....

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John T. Kennard

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 9 1908 (Month) (Day) (Year)

AGE: 57 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Kennard

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Margaret Kunn

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Tuner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Kennard

(Address) 1094 N front

Filed 2/14 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 2 1908 to Feb 12 1908

that I last saw h alive on Feb 10 1908,

and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Tuberculosis Pulmonalis

(DURATION) 6 Months

Contributory Exhaustion

(DURATION) 4 DAYS

(Signed) D. E. Lee M. D.

Feb 13 1908 (Address) 208 Runnell

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Feb 14 1908

UNDERTAKER: Jos B Cook

ADDRESS: 1003 W Balto St

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Jenkins

{ Residence, if in Baltimore, Give Street and Number. } 1625 McCulloh St ~~Catonsville Md~~.

Duration of Residence in Baltimore. life time

c 9481

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH November 12th 1850

AGE 57 years, 3 months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER George Taylor Jenkins

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Elizabeth L Barroll

BIRTHPLACE OF MOTHER (State or country) Baltimore City Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Taylor Jenkins

(Address) 1625 McCulloh St

Filed 2/14 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13 1908

I HEREBY CERTIFY, That I attended deceased from Sept 5 1907 to Feb. 13 1908

that I last saw her alive on Feb. 12 1908

and that death occurred, on the date stated above, at 6.30 a m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Melancholia

(DURATION) DAYS

(Signed) Wm Schmeltz M.D.

Address St Joseph's Hosp.

Date Feb. 13 1908

Place of Burial Greenmount Cemetery

Date Feby 15 1908

Undertaker Stewart & Mowan Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the *full name*, **sex, age, condition** (whether married or single) of the person ceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

(Place of Death.) No. 1739 Patapsco St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Callender

{ Residence, if in Baltimore, Give Street and Number. } 1739 Patapsco

Duration of Residence in Baltimore. Lifetime C9782

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1833

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: widower

BIRTHPLACE (State or country): Cambridge Md

FULL NAME OF FATHER: Henry Callender

BIRTHPLACE OF FATHER (State or country): Cambridge

MAIDEN NAME OF MOTHER: Mary Phillips

BIRTHPLACE OF MOTHER (State or country): Carroll county

OCCUPATION OF DECEASED: Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles T. Callender

(Address) 1739 Patapsco St

Filed 2/14 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 11 1908 that I last saw him alive on July 10 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia following Operation on eye

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. Lee Banks M.D.

Address 1228 S. Eden

Date July 13 1908

Place of Burial Loder Hill

Date Feb 14 1908

Undertaker Jos. Stanton & Co

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the name, sex, color, age, (whether married or single) of the person deceased, and the **cause and date** of

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 127 S Dallas St, (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George E Smith

{Residence, if in Baltimore, Give Street and Number.} 127 S Dallas Pl.

Duration of Residence in Baltimore. Life

C 9483

PERSONAL AND STATISTICAL PARTICULARS

SEX Mal | COLOR Col

DATE OF BIRTH 1

AGE ... years, 7 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER J. Smith

BIRTHPLACE OF FATHER (State or country) St Marys Co Md.

MAIDEN NAME OF MOTHER Francis A. Jones

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis A Smith.

(Address) 127 S Dallas.

Filed 2/14 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 12 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 ... to — 190 ...

that I last saw h ... alive on — 190 ...,

and that death occurred, on the date stated above, at ...

... M. CAUSE OF DEATH (Secondary or Immediate

Mal Nutrition

... (DURATION) ... DAYS

Contributory (Primary)

... (DURATION) 1y DAYS

(Signed) Thos Dudley Grimes M.D.

Address 320 N Greene St.

Date ... 190

Place of Burial JOHNS HOPKINS HOSPITAL. FEB 13 1908

Date ... 190

Undertaker Commissioner Health, Per. Wm. S. WOODALL.

Address

FOR ANATOMICAL PURPOSES

35

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 2825 Pennington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Glendusan Coleman

{ Residence, if in Baltimore, Give Street and Number. } 2825 Pennington Ave

Duration of Residence in Baltimore. Lifetime C9484

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR B

DATE OF BIRTH 1

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Charles Coleman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Emma Jones

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Coleman

(Address) 2825 Pennington Ave.

Filed 2/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 12 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 9 1908 to Feb 12 1908 that I last saw h[illegible] alive on Feb 12 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. L. G. Schmull M.D.

Address 424 E. Fort 23 St

Date Feb. 13, 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 13 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., Baltimore

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

35

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2326 Pennsa ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia Fleming

{ Residence, if in Baltimore, Give Street and Number. } 2326 Penna. ave

c9485

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem.	White

DATE OF BIRTH: Dec. 31 st 1907

AGE: — years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Chas. Fleming

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Chas. Fleming

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Virginia Little

(Address) 2326 Pa. ave.

Filed 2/14 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby. 12th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

from birth (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700, Laf. Av. (Comm.)

Date Feby. 13th 1908

Place of Burial: JOHNS HOPKINS HOSPITAL

Date FEB 13 1908 190

Undertaker: Commissioner Health,

Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B C 9486

City of Baltimore, (No. 21 N. Rose St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minnie Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feby 26, 1879 (Month) (Day) (Year)

AGE: 28 years, 11 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): ~~Balto~~ Germany

FULL NAME OF FATHER: F. W Miller

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: not Known

BIRTHPLACE OF MOTHER (State or country): not Known

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augusta Langkemper

(Address) 16 N Paterson ave

Filed 2/14 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 11 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Feby 11 1908

that I last saw her alive on Feby 11 1908,

and that death occurred, on the date stated above, at 7.15 P. M. The CAUSE OF DEATH was as follows:

Apoplexy.

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Thos H. Magness M. D.

Feby 12 1908 (Address) 1716 E Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Carmel Cemetery

DATE OF BURIAL: Feb 14 1908

UNDERTAKER: Christian Miller

ADDRESS: 2334 Jefferson

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racts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **nty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 1404 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Robinson

{ Residence, if in Baltimore, Give Street and Number. } 1404 N. Mount St

Duration of Residence in Baltimore. Life

C9487

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: col

DATE OF BIRTH: 1

AGE: ..... years, ... months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Solomon Robson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Robson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Robson

(Address) 1404 N Mount St

Filed 2/14 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 13 Feb 1908

I HEREBY CERTIFY, That I attended deceased from Feb 10 1908 to Feb 13 1908

that I last saw her alive on Feb 13 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 3 DAYS

Contributory (Primary.) Bronchitis

(DURATION) 3 DAYS

(Signed) O. H. Howard M.D.

Address 1123 Hanover

Date Feb 14th 1908

Place of Burial Mt Auburn Cemetery

Date Feb 17 1908

Undertaker John H Cadwise

Address 162 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 9488

City of Baltimore, (No. 40, E. Williamson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ernest LeRoy Saddler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 12 1907 (Month) (Day) (Year)

AGE: 1 years, 10 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas R Saddler

BIRTHPLACE OF FATHER (State or country): Finds Store Md

MAIDEN NAME OF MOTHER: Ida A Flury

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas R Saddler (Father)

(Address) 46 E Williamson St

Filed 2/14 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.
WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 12 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 18 1907 to Feb. 12 1908 that I last saw h alive on Feb 11 1908, and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Bronchitis.
Was not under immediate attention at all times but had relief at intervals (DURATION) 3M DAYS

Contributory General asthenia and pyrexia Heart failure (DURATION) 3 DAYS

(Signed) J. W. Cole M. D.

FEB 14 1908 (Address) 736 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudendale | DATE OF BURIAL: Feb 14 1908

UNDERTAKER: Anthony Dengler | ADDRESS: 715 Fulton

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1238 E Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry J. Frank

{ Residence, if in Baltimore, Give Street and Number. } 1233 E Eager

Duration of Residence in Baltimore. Life

C 9489

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE X years, 8 months, X days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John P. Frank

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Catherine Kleiderlein

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John P. Frank

(Address) 1233 E. Eager St.

Filed 2/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 3.35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions (Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno J Carnes M.D.

Address Cor Eager & Ed

Date Feb. 14 1908

Place of Burial Holy Redeemer Cemetery

Date February 16th 1908

Undertaker Henry Hoodless Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

78

(Place of Death.) No. 923 Valley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry C Neill

{ Residence, if in Baltimore, Give Street and Number. } 923 Valley St. C 9490

Duration of Residence in Baltimore. abt. 47 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W Lite

DATE OF BIRTH: 1

AGE: 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dot known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Woodright

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Catherine Meehan

(Address) 923 Valley St.

Filed 2/14 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 12 1908

I HEREBY CERTIFY, That I attended deceased from Feb 7th 1908 to Feb 12th 1908

that I last saw him alive on Feb 12th 1908,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

(DURATION) ? DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. M. C. Parker M.D.

Address 1051 Augusta

Date Feb 13th 1908

Place of Burial Baltimore National Memorial Park

Date Feb. 15th 1908

Undertaker Henry Hoeck Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ..., to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ...g forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person ...sed, and the *cause and date of death.*

CERTIFICATE OF DEATH.

(Place of Death.) No. 2509 West Fayette St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frances V. Kaufp.

{ Residence, if in Baltimore, Give Street and Number. } 2509 W Fayette St

C 9491

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 16th 1840

AGE 67 years, 9 months, 1 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Lewis Barranger

BIRTHPLACE OF FATHER (State or country) France

MAIDEN NAME OF MOTHER Barbara Smith

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Celsa Ebbets

(Address) 2506 W Fremont Ave

Filed 2/14 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1908

I HEREBY CERTIFY, That I attended deceased from July 9 1908 to July 11 1908

that I last saw her alive on July 11 1908

and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) 1 DAY

Contributory (Primary.) Acute Nephritis

(DURATION) 5 DAYS

(Signed) E. Judson Miller M.D.

Address 2029 N Bond St

Date July 13 1908

Place of Burial St. Marys Cemetery

Date February 15th 1908

Undertaker F. B. Shipley

Address 1 Frederick Ave Extd

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Engelmeyer

{Residence, if in Baltimore, Give Street and Number.} 1203 Wilcox St

Duration of Residence in Baltimore. Life

19492

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City.

FULL NAME OF FATHER: Joseph H. Engelmeyer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lucia Höhener

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Minnie A Engelmeyer

(Address) 1203 Wilcox St

Filed 2/14 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

DC
A.D.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 12 1908 to Feb. 13 1908 that I last saw h~~im~~ alive on Feb. 13 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia.

(DURATION) 1 DAYS

Contributory (Primary.) General Peritonitis (following Appendicitis) 2 a.s. (DURATION) DAYS

(Signed) Eugene L. Pasano M.D.

Address St Joseph's Hosp.

Date Feb. 13 1908.

Place of Burial Holy Redeemer Cemetery

Date February 17 1908

Undertaker Henry Hoede & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

92

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Miller

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf. Asylum

Duration of Residence in Baltimore. Life time

C 9493

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: ~~July~~ Aug 29 1907

AGE: years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address)

Filed 2/14 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 12, 1908

I HEREBY CERTIFY, That I attended deceased from Feb 7, 1908 to Feb 12 1908

that I last saw him alive on Feb 11 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(Acidia convulsions)

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1200 N Caroline

Date 2-13 1908

Place of Burial New Cathedral

Date February 17 1908

Undertaker Martin Fahey and Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincent's Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Regina Babington

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. asy.

C9494

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: Jan 4, 1908

AGE: ..... years, 1 month, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy

(Address)

Filed 2/14 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 12, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Feb 12 1908 that I last saw h[illegible] alive on Feb 11 1908, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) E H Hayward M.D.

Address 1230 N Caroline

Date Feb 13 1908

Place of Burial New Cathedral

Date February 14 1908

Undertaker Martin Fahey and Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

92

(Place of Death.) No. St Vincent Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Martin

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Infant Asy

Duration of Residence in Baltimore. Lifetime

Ca + 95

PERSONAL AND STATISTICAL PARTICULARS

SEX F.

COLOR W.

DATE OF BIRTH Jan 24 1908

AGE ..... years, ... months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asylum.

(Address)

Filed 2/14 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 13 1908

I HEREBY CERTIFY, That I attended deceased from Jan 24 1908 to Feb 13 1908

that I last saw h.. alive on Feb 12 1908,

and that death occurred, on the date stated above, at 11

2 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia - Grippe

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) E H Hayward M.D.

Address 1230 N Carlton

Date 2 — 13 1908

Place of Burial New Cathedral

Date February 14. 1908

Undertaker Martin Fahey and Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under hi ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat ng forth, as far as the same can be a ascertained, the **full name, sex, age, condition** (whether married or single) of the perso ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

74

(Place of Death.) No. 1828 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susie S Hartman

{ Residence, if in Baltimore, Give Street and Number. } 1828 S Harford Ave

Duration of Residence in Baltimore. Life

C 9492

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Susie Bates

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Riley Jones

(Address) 1829 Harford Ave

Filed 2/14 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 12 1908

I HEREBY CERTIFY, That I attended deceased from

— 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at 1030

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Sudden

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. Carullo M.D.

Address Corner Ave

Date Feb 12 1908

Place of Burial Bald Friars

Date Feby 15 1908

Undertaker Robt J Lucas

Address 1442 W Pratt

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 426 N. Front Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Cimino Cimino

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life time

1897

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: Andrea Cimino

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Josephine Culotta

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: x

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P Cimino

(Address) 4264 Fremont St

Filed 2/14 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 13 February 1908

I HEREBY CERTIFY, That I attended deceased from 1st February 1908 to 13 February 1908 that I last saw h[er] alive on 13 February 1908, and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonitis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Joseph Barranco M.D.

Address 204 N. Greene St

Date July 1, 4 1905

Place of Burial St. Vincent

Date July 1x 1908

Undertaker Chas Zumbrun

Address 1262 N. C. Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Austin V. McCafferty

{ Residence, if in Baltimore, Give Street and Number. } 2008 E. Eager st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR W

DATE OF BIRTH Oct 9 1884

AGE 23 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John McCafferty

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Elizabeth McAuley

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Ship Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. McCafferty

(Address) 2006 E Eager

Filed 2/14 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 10 1908 to Feb. 13 1908

that I last saw h[illegible] alive on Feb. 13 1908,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Lobar

12 hrs. (DURATION) DAYS

Contributory (Primary.) Cocaine

(DURATION) DAYS

(Signed) [illegible] M.D.

Address St Joseph's Hosp.

Date Feb. 13 1908

Place of Burial Holy Redeemer

Date Feby 15 1908

Undertaker Cath J Turner

Address 1442 Y. O. Bway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificat ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the perso eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1164 W Hamburg — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name George W Quigley

{ *Residence, if in Baltimore, Give Street and Number.* } 1164 W Hamburg — c9499

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 19 1908

AGE: 2 years, 11 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: George Quigley

BIRTHPLACE OF FATHER (State or country): Balt Md.

MAIDEN NAME OF MOTHER: Kate Kelley

BIRTHPLACE OF MOTHER (State or country): Balt Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Quigley

(Address)

Filed 2/14 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 12 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20 1908 to Feb 12 1908 that I last saw h[illegible] alive on Feb 12 1908, and that death occurred, on the date stated above, at 10 45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 20 DAYS

Contributory (Primary.) [illegible]

(DURATION) 3 DAYS

(Signed) Edmund [illegible] M.D.

Address 517 Lexington

Date Feb 12 1908

Place of Burial New Cathedral

Date Feb 14 1908

Undertaker W. J. Pickett's Sons

Address Edmonson & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death** ug forth, as far as the same can be asc ased, and the **cause and date of dea age, condition** (whether married or single) of the person

CERTIFICATE OF DEATH.

100

(Place of Death.) No. 602 S. Paca St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Zacharih Biddison

{ Residence, if in Baltimore, Give Street and Number. } 502 S. Paca St

Duration of Residence in Baltimore. Sixty Years

C9500

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR A White

DATE OF BIRTH March 30 1830

AGE 77 years, 10 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Fullerton Balto Co

FULL NAME OF FATHER Zacharih Biddison

BIRTHPLACE OF FATHER (State or country) Baltimore Co

MAIDEN NAME OF MOTHER Margarat

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas E. Biddison

(Address) 1820 N. Baltimore St

Filed 2/14 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 9 1908 to Feb. 13 1908 that I last saw him alive on Feb. 13 1908, and that death occurred, on the date stated above, at 12.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Strangulated Hernia (DURATION) DAYS

(Signed) J. M. Lemmon M.D.

Address 602 S. Paca St.

Date Feb. 14 1908

Place of Burial Loudon Park

Date Feb 16 1908

Undertaker W. J. Tuckey & Son

Address Linden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

43

(Place of Death.) No. 1104 Elizabeth Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George H. Dreyer.

{ Residence, if in Baltimore, Give Street and Number. } 1104 Elizabeth Lane.

C9501

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 19th 1863

AGE: 44 years, 6 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Henry Dreyer.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Dreyer.

(Address) 1104 E. Elizabeth Lane.

Filed 2/14 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13th 1908

I HEREBY CERTIFY, That I attended deceased from 2/11 1908 to 2/13 1908

that I last saw h[illegible] alive on 2/13 1908, 4.50 P.M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

6 (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. Hurlington M.D.

Address 11 E Fort Ave

Date 190

Place of Burial Baltimore Cemetery

Date Feb. 16th 1908

Undertaker Mr. & Mrs. John H. Deufel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Myrtle Reed

{ Residence, if in Baltimore, Give Street and Number. } 1002 Wagon Alley.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH

AGE 6 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Taylor

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Reed

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Reed

(Address) 1002 Wagon Al.

Filed 2/14 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 12th 1908.

I HEREBY CERTIFY, That I attended deceased from Nov. 13th 1908 to Feb. 12th 1908

that I last saw h[er] alive on " " 1908 6,

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Burn of 3rd Degree accidentally, her clothes on fire, flying with fire in court Storm on Kitchen floor

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) W. L. Smith M.D.

Address 528 Hanover St South

Date 190

Place of Burial Laurel Cem.

Date Feb 14 1908

Undertaker R. H. Elliott

Address 306 Roy[illegible]

Embalmed

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 523 W. West St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Darcas J. Simms Garry

{Residence, if in Baltimore, Give Street and Number.} 523 W. West St.

Duration of Residence in Baltimore. Life

19503

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1.....

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Hussm.

(Address) 1136 Russell St.

Filed 2/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb - 12th 1908.

I HEREBY CERTIFY, That I attended deceased from Feb. 12 1908 to Feb 12 1908 that I last saw h[illegible] alive on Feb 12 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

..... (DURATION) ..... DAYS

Contributory (Primary.) —

..... (DURATION) ..... DAYS

(Signed) C. L. Nichols M.D.

Address 502 S. Paca St.

Date Feb - 12th 1908.

Place of Burial Mt Auburn

Date Feb 15 1908

Undertaker R. A. Elliott

Address 506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeths Home — St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Agnes Day

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home —

C 9504

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black —

DATE OF BIRTH: Jan 22 1908

AGE: ..... years, ... months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Johanna Day.

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 2/14 1908

Per M.E.H.

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 30 1908 to Feb. 12 1908 that I last saw h[e] alive on Feb. 12 1908, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) 20 DAYS

Contributory (Primary.) Congenital Debility (DURATION) Life DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date Feb. 14, 1908

Place of Burial Cathedral Cemetery

Date Feby 15th 1908

Undertaker Felix B. Pye.

Address 102 E. Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name DeSales Loomis

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

C 1505

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: Jan. 29 1908

AGE: ..... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Nellie Loomis

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 2/14 1908 Per Walk.

HARRY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 31 1908 to Feb. 12 1908

that I last saw him alive on Feb. 12 1908,

and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus -

(DURATION) 14 DAYS

Contributory (Primary.) Congenital Debility (DURATION) Life DAYS

(Signed) A. C. Gallis M.D.

Address 1519 N. Carolina St.

Date Feb. 13, 1908

Place of Burial Cathedral Cemetery

Date February 16th. 1908

Undertaker Felix R. Pye.

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 132 W. Camden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Magdalena Budrewicz,

{ Residence, if in Baltimore, Give Street and Number. } 132 W. Camden st.

Duration of Residence in Baltimore. Life

C950

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ——— +

AGE ——— years, 3 months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Ludwick Budrewicz

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Magdalena Matulewicz

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ludwick Budrewicz

(Address) 132 W. Camden

Filed 2/14 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 13, 1908

I HEREBY CERTIFY, That I attended deceased from Feb'y 10, 1908 to Feb'y 13, 1908 that I last saw h[illegible] alive on Feb'y 12, 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) Life

Contributory (Primary.) Bad feeding (DURATION) Bad Life

(Signed) Albert L. Chambers, M.D.

Address 614 S. Paca St.

Date February 14, 1908

Place of Burial St. Stanislaus

Date Feb 14 1908

Undertaker Jacob Sielkowski

Address 421 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 712 McHenry St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard S. Robb

{Residence, if in Baltimore, Give Street and Number.} 712 McHenry St

C9507

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Sept 12th 1874

AGE 33 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto city Md

FULL NAME OF FATHER John Robb

BIRTHPLACE OF FATHER (State or country) Balto city Md

MAIDEN NAME OF MOTHER Rosalie Knight

BIRTHPLACE OF MOTHER (State or country) Balto city Md

OCCUPATION OF DECEASED Clothing Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen A. Robb

(Address) 714 N. McHenry St

Filed 2/14 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 11 1908

I HEREBY CERTIFY, That I attended deceased from June 1907 to Feb. 11 1908

that I last saw him alive on Feb. 12 1908,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis.

(DURATION) DAYS

Contributory (Primary) Morbus Albuminis (DURATION) DAYS

(Signed) S. McLemore M.D.

Address 607 N Paca St

Date Feb. 13 1908

Place of Burial New Cathedral Cem

Date Feb 15th 1908

Undertaker Geo J Smith Co

Address 1050 W. Fayette St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B ..... C 9508

City of Baltimore, (No. 901, Ducatel St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Charles L. Ranft

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Dec (Month) 4th (Day) 1829 (Year)

AGE: 78 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ilbenstadt Germany

FULL NAME OF FATHER: Jacob Ranft

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Maria Feuerbach

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis P. Ranft

(Address) 901 Ducatel Ave

Filed 2/14 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 1907 to Feb. 12 1908

that I last saw him alive on Feb. 12 1908,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

old age

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Louis P. Ranft M. D.

Feb. 13 1908 (Address) 1021 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Feb 15 1908

UNDERTAKER: Geo J Smith & Co ADDRESS 1000 W Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ludwig Fleischer

{Residence, if in Baltimore, Give Street and Number.} 414 W. Fayette st

C9509

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Feb 12 1846 1908

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Hungary

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Cabinet Maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs F Fleischer

(Address) 112 E. Randall st

Filed 2/14 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 12 1908

I HEREBY CERTIFY, That I attended deceased from Feb 12 1908 to Feb 12 1908 that I last saw h in alive on Feb 12 1908. and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

acute oedema of Lungs

(DURATION) DAYS

Con'tributory (Primary.)

Lobar Pneumonia (DURATION) DAYS

(Signed) J. H. Legg M.D.

Address University Hospital

Date Feb 14 1908

Place of Burial London Park Cem

Date Feb 15 1908

Undertaker E. Schloman & Son

Address 1059 Hanover st

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 805 S. Luzerne St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maryanna Adamski

{Residence, if in Baltimore, Give Street and Number.} 805 S Luzerne St. 19510

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Joseph Josniak.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Josniak.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Adamski - Son.

(Address) 805 S. Luzerne St

Filed 2/14 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 26 1908 to Feb. 13 1908

that I last saw her alive on " 11 1908

and that death occurred, on the date stated above, at 3.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Val. Disease Heart

2 wks (DURATION) DAYS

Con'tributory (Primary) Cardiac Failure

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Cor Pat Park Ave

Date Oct. 14/08 1908

Place of Burial Holy Rosary

Date Saturday Feby 15th 1908

Undertaker M F Dadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 3212 Auchentoraly Terrace. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Virginia Raddatz

{ Residence, if in Baltimore, Give Street and Number. } 3212 Auchentoraly Terrace

C9511

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: @1838

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Alabama

FULL NAME OF FATHER: Col Duff

BIRTHPLACE OF FATHER (State or country): Alabama

MAIDEN NAME OF MOTHER: Rebecca Kennard

BIRTHPLACE OF MOTHER (State or country): Alabama

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Prof Chas F. Raddatz

(Address) 3212 Auchentoraly Terrace

Filed 2/14 1908

HARRY C. ANDR[illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb — 13th 1908

I HEREBY CERTIFY, That I attended deceased from — 1906 to Jan 25 1908

that I last saw h[illegible] alive on Jan 25 1908, Feb. 13

and that death occurred, on the ~~date stated~~ above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema 3 hrs

Cathart.

(DURATION) — DAYS

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) — DAYS

(Signed) Hora N Brum M.D.

Address 17 W Baltimore

Date 2/14 1908

Place of Burial Loudon Park

Date 2 — 15 — 1908

Undertaker William M. Gaethrop.

Address North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Belvidere Hotel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas F Weale

{Residence, if in Baltimore, Give Street and Number.} Belvidere Hotel

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	October 7th 1837
AGE	70 years, 5 months, 7 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	England
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	" do
MAIDEN NAME OF MOTHER	" do
BIRTHPLACE OF MOTHER (State or country)	" do
OCCUPATION OF DECEASED	Retired Jeweler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E Tuttle

(Address) 1404 Mt Royal ave

Filed 2/14 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febry 14 1908

I HEREBY CERTIFY, That I attended deceased from January 1908 to Febry 14 1908

that I last saw him alive on Febry 14 1908,

and that death occurred, on the date stated above, at 1.45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Congestion of Lungs

(DURATION) 12 hours

Contributory (Primary.) Fatty Degeneration of Heart

(DURATION) 1 DAYS

(Signed) H. H. Biddle M.D.

Address 1916 W. Lanvale St

Date Febry 14 1908

Place of Burial Green Mount Cemetery

Date February 17th 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27.

(Place of Death.) No. 1123 N Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susie Bannister 9513

{ Residence, if in Baltimore, Give Street and Number. } 1123 N Stockton St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: February 14 1881

AGE: 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Stevens Woods

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Cecelia Mc. Williams

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elijeh T. Bannister

(Address) 1123 N Stocton st

Filed 2/14 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 13, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1908 to Feb 13 1908

that I last saw her alive on Feb 12 1908

and that death occurred, on the date stated above, at 10.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Failure

(DURATION) DAYS

Con'tributory (Primary.) Pulmonary Tubr. Culosis — (DURATION) 7 Mos DAYS?

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date Feb. 13, 1908.

Place of Burial Elk. Ridge. Md

Date February 16 1908

Undertaker Charles H. Burkett

Address

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 212 N Washington St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Catherine Neukam

{Residence, if in Baltimore, Give Street and Number.} 212 N Washington St 2914

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Dec 13" 1907

AGE X years, 2 months, X days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto My

FULL NAME OF FATHER John Neukam

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Mary A Clements

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John Neukam

(Address) 212 N Washington St

Filed 2/15 1908 HARRY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 3 a M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

Sudden.

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Fred Carruthers M.D.

Address Corner Ward

Date Feb 14 — 08 190...

Place of Burial Holy Redeemer

Date Feb. 15" 1908

Undertaker Geo M Fink

Address 811 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

69

(Place of Death.) No. 908 N Bond St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Fannie Milhiser

{Residence, if in Baltimore, Give Street and Number.} 908 N Bond C9515

Duration of Residence in Baltimore. 9 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 10 1891

AGE 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Louis Milhiser

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Jennie Heeman

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Milhiser

(Address)

Filed 2/15 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 13 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1 1908 to Feb 13 1908

that I last saw h[illegible] alive on Feb 13 1908

and that death occurred, on the date stated above, at 10 p M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Congestion

2 (DURATION) 2 DAYS

Con'ributory (Primary.) Epilepsy

5 yrs (DURATION) DAYS

(Signed) C. F. Block M.D.

Address 1523 E Balt

Date Feb 14 1908

Place of Burial Hebrew Friendship

Date Feb 16 1908

Undertaker J. Shrenslo

Address 754 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95

CERTIFICATE OF DEATH.

(Place of Death.) No. 19 N. Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Calista Owens

{ Residence, if in Baltimore, Give Street and Number. } 19 N. Fremont. C9516

Duration of Residence in Baltimore. 15 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1851 1851

AGE 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Ambrose Foster

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Frances Childress

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Keating

(Address) 19 N Fremont & Alley

Filed 2/15 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 13th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 8th 1908 to Feb 13th 1908

that I last saw h alive on Feb 12th 1908

and that death occurred, on the date stated above, at 4:50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pulmonary Congestion
of Asthmia

(DURATION) 5 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date Feb 13th 1908

Place of Burial Druid Ridge Cemetery

Date Feb 15 1908

Undertaker D. Argenbright

Address 754 W Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

99

Place of Death.) No. 945 S. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella V. Bulgin

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

09517

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH 1	
AGE ... years, ... months, 15 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Chas F. Bulgin
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Mary J. Dengle
BIRTHPLACE OF MOTHER (State or country)	Washington D.C.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Chas F Bulgin

(Address) 945 S Paca

Filed 2/15 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2.13 1908

I HEREBY CERTIFY, That I attended deceased from above 1908

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 1130 a.m., CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from the Lungs -

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gelston coroner M.D.

Address 211 N. Fremont

Date 2. 13. 1908

Place of Burial Loudon Park

Date Feb 15 1908

Undertaker John J Corcoran

Address 901 Collins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1453 Columbia St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Kuhn

{Residence, if in Baltimore, Give Street and Number.} 1453 Columbia ave

Duration of Residence in Baltimore... Lifetime C9518

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ... 1867

AGE 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Alfred Kuhn

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Margaret Blizzard

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Kuhn

(Address) 1453 Columbia ave

Filed 2/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 13 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Feb 13 1908

that I last saw h alive on Feb 12 1908

and that death occurred, on the date stated above, at 10 a m. CAUSE OF DEATH, (Secondary or Immediate)

Meningitis

(DURATION) 7 DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 6 months

(Signed) Harry Boyd M.D.

Address 1652 Columbia ave

Date Feb 13 1908

Place of Burial Mt Olivet Cem

Date Feby 16 1908

Undertaker Foo Sisters

Address North ave near Penna R.R.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 635 George St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary ~~Augusta~~ Ann Nash

{Residence, if in Baltimore, Give Street and Number.} 635 George St

Duration of Residence in Baltimore life

C9519

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH ——— 1862

AGE 46 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Adam Warfield

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Nash

(Address) 635 George St

Filed 2/15 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 13 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Feb 12 1908

that I last saw h er alive on Feb 12 1908,

and that death occurred, on the date stated above, at 3 15 a m. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Parenchymatous Nephritis and Mitral Regurgitation.

——— (DURATION) — DAYS

Contributory (Primary.) Exhaustion

——— (DURATION) — DAYS

(Signed) E Bernard Hughes M.D.

Address 705 George St

Date Feb 13 1908

Place of Burial Mt Auburn Cem

Date Feb 15 1908

Undertaker Sam'l H. Chase & Son

Address 1405 Mosher St

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 9 N. Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret. E. Gude

{Residence, if in Baltimore, Give Street and Number.} 9 N. Fremont Ave

Duration of Residence in Baltimore. Life time C9520

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: April 27 1907

AGE: ..... years, 9 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John. H. Gude

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Minnie. M. Haynes

BIRTHPLACE OF MOTHER (State or country): Baltimore.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Gude

(Address) 9 N. Fremont Ave

Filed 2/15 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 14 1908

I HEREBY CERTIFY, That I attended deceased from Feby 10 1908 to Feby 14 1908

that I last saw h[illegible] alive on Feby 13 1908.

and that death occurred, on the date stated above, at 2.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho. Pneumonia

3 days (DURATION) ——— DAYS

Contributory (Primary) Cardiac Asthenia (DURATION) 3 DAYS

(Signed) James E Welling M.D.

Address 871 Harlem Ave

Date Feby 14 1908

Place of Burial Greenmount Cem

Date Feb 16 1908

Undertaker Jos. Svendsen, Son

Address 217 S. Paca St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 38 E Hughes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Watts

{Residence, if in Baltimore, Give Street and Number.} 38 E. Hughes St

Duration of Residence in Baltimore. Life C9521

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH February 5 1858

AGE 26 years, — months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER James Watts 6

BIRTHPLACE OF FATHER (State or country) Baltimore.

MAIDEN NAME OF MOTHER Mary E. Fowler 6.

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester Boston 6 (grandmother)

(Address) 38 E. Hughes St

Filed 2/15 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 14 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) H. M. Levin Coroner M.D.

Address

Date Feb - 14 1908

Place of Burial Mt Auburn Ct

Date Feb 17th 1908

Undertaker C. L. Brownell Son

Address 108 N Montgomery St

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

114

(Place of Death.) No. 2223 N Charles st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James E Griggs

{Residence, if in Baltimore, Give Street and Number.} 2223 N Charles St

C9522

Duration of Residence in Baltimore. Life Time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Jan 1st 1828

AGE: 80 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Wm. O Griggs

BIRTHPLACE OF FATHER (State or country): Balto city

MAIDEN NAME OF MOTHER: Sarah L Sherrett.

BIRTHPLACE OF MOTHER (State or country): St Marys Co Md

OCCUPATION OF DECEASED: Retired Pilot

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E W Speeler

(Address) 2223 N Charles st

Filed 2/15 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 12th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1908 to Feb 12th 1908 that I last saw him alive on Feb 11th 1908 and that death occurred, on the date stated above, at 10 A M. CAUSE OF DEATH (Secondary or Immediate)

Arterio-Sclerosis

(DURATION) 4 DAYS

Con'tributory (Primary.) Cold Systhis.

Cystitis (DURATION) 60 DAYS

(Signed) H M Saunders M.D.

Address 18 W Franklin St

Date Feb 14 1908

Place of Burial Green Mount

Date Feb 16 1908

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9523

City of Baltimore, (No. 1604, Ruskin Ave — St.; — Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie M. Leary

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. (Month) 14 (Day) 1908 (Year)

AGE: 70 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thos. Holmes

BIRTHPLACE OF FATHER (State or country): Cecil Co. Md

MAIDEN NAME OF MOTHER: Edes

BIRTHPLACE OF MOTHER (State or country): Kent Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Columbus A Leary

(Address) 1604 Ruskin Ave

Filed 2/15 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 10 12 1908 to Feb 13 1908 that I last saw h[er] alive on Feb 15th 1908, and that death occurred, on the date stated above, at 12:30 A. M. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) 4 DAYS

Contributory ...

(DURATION) ... DAYS

(Signed) J. Tyler Smith M. D.

Feb 14, 1908 (Address) 717 N. Carroll Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem Md — DATE OF BURIAL: Feb 17 1908

UNDERTAKER: Ellw Mitchell — ADDRESS: 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his se, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

20

(Place of Death.) No. 259 S. Bond St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name William Edward Holate

{ Residence, if in Baltimore, Give Street and Number. } 259 S. Bond St.

Duration of Residence in Baltimore. Life

C9524

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 5th 1890

AGE 17 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Holate

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Annie C. Weigel

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie C. Holate

(Address) 259 S. Bond St.

Filed 2/13 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 5th 1907 to Feb. 13th 1908 that I last saw h in alive on Feb. 13th 1908 and that death occurred, on the date stated above, at 3.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tubercular Meningitis

(DURATION) 9 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) G. F. Reis M.D.

Address 213 S. Bond St

Date Feb. 13th 1908

Place of Burial Mt. Carmel Cemetery

Date Feb. 16th 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital 129

Full Name Maud Jones. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

{ Residence, if in Baltimore, Give Street and Number. } Bay V

Duration of Residence in Baltimore. c 9525

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1872

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New Hampshire

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, BAY VIEW ASYLUM Supt.

(Address)

Filed 2/15 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febr 14, 1908.

I HEREBY CERTIFY, That I attended deceased from Febr 8 1908 to Febr 14 1908 that I last saw h alive on Febr 14 1908, and that death occurred, on the date stated above, at One P.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia.

Contributory (Primary) fibroid, hypertrophy (DURATION) DAYS

Secondary. (DURATION) DAYS

(Signed) R. P. Bay Herbert Schoenrich M.D.

Address Bay View Hospital.

Date Febr 14. 1908.

Place of Burial Trinity Cem

Date Feb 15 1908

Undertaker H. Sander & Sons

Address 1710 Canton Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

79.

(Place of Death.) No. 110 N. Kenwood St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bernhard Greuzer.

{Residence, if in Baltimore, Give Street and Number.} 110 N. Kenwood

Duration of Residence in Baltimore. 60 years C9526

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH May 11 1828

AGE 65 years, 9 months, 2 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Michael Greuzer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Currier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis C. Greuzer

(Address) 110 N. Kenwood Ave.

Filed 2/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 2 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Fredk Carruthers M.D.

Address 1201 N. Howard

Date Feb 13 1908

Place of Burial Evergreen Cem

Date Feb 16 1908

Undertaker C. Zandt Sons

Address 1701 E. Balto. St.

WM. J. C. DULANY CO., BALTIMORE.

2879. Division 40.

CERTIFICATE OF DEATH.

(Place of Death.) No. 629 N. Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isaac Register Stayton

{Residence, if in Baltimore, Give Street and Number.} 629 N Calvert St C 9527

Duration of Residence in Baltimore. Three years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penn.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Insurance Agent.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L. Stayton

(Address) 629 N. Calvert

Filed 2/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13. 1908 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 or 1907 to Feb 13 1908 that I last saw him alive on Feb 12 1908, and that death occurred, on the date stated above, at 9:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Liver —

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Wm J. Watson M.D.

Address 2128 St Paul

Date Feb. 14 th 1908

Place of Burial Balto Cemetery.

Date Feb 16, 1908

Undertaker William Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1344 N Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fred Ford

{Residence, if in Baltimore, Give Street and Number.} 1344 N Calhoun C9528

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: colored

DATE OF BIRTH: 1

AGE: — years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Peter Ford

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Ford

(Address) 1344 N Calhoun

Filed 2/15 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 12th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 30 DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wm Baldwin M.D.

Address 710 Log ave (Corner)

Date Feby 14th 1908

Place of Burial Cut auburn

Date Feb 15 1908

Undertaker Wm J. Johnson

Address 614 E Baker st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2644 Fonden ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia Lewis

{Residence, if in Baltimore, Give Street and Number.} 2644 Fonden ave

Duration of Residence in Baltimore. Life. C9529

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 11. 1906

AGE: 1 years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Chester A. Lewis

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Lilly May Shipley

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chester A. Lewis

(Address) 2644 Fonden ave

Filed 2/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 14 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 9 1908 to Feb. 14 1908 that I last saw her alive on Feb. 14 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Asphyxia

(DURATION) 4 DAYS

(Signed) Asa L Wessels M.D.

Address 510 Frederick ave

Date Feb February 14 1908

Place of Burial Loudon Park

Date Feb 16 1908

Undertaker Jos Block

Address 1103 N Bolton

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 927 N Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Herman Meiser Sr.

{Residence, if in Baltimore, Give Street and Number.} 927 N Fayette St

Duration of Residence in Baltimore. 56 yrs C 9530

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 3 1837

AGE 70 years, 10 months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Andrew Meiser

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine C Hole

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Iron Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Margaret K Meiser

(Address) 927 N. Fayette St

Filed 2/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to Feb 14 1908

that I last saw him alive on Feb 13 1908,

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Atheroma Heart and Arteries - Enlarged Prostate - Chronic Nephritis (DURATION) 6 mos DAYS

Contributory (Primary) Cerebral Hemorrhage (DURATION) 2 mos DAYS

(Signed) J. Norwood M.D.

Address 939 N Fayette St

Date Feb 14 1908

Place of Burial London Park

Date Feb. 17 1908

Undertaker Jos. B. Cook

Address 103 N Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 807 S Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida S. Nicolaus

{Residence, if in Baltimore, Give Street and Number.} 807 S Montford Ave 9531

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 24 1907

AGE ~ years, 7 month's, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Geo. Nicolaus

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Emma Nicolaus

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Geo Nicolaus

(Address) 807 S Montford Ave

Filed Feb 15 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb - 13 - 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Feb 13 1908 that I last saw h- alive on Feb 12 1908 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Measles - Pneumonia -

1 month - (DURATION) DAYS

Contributory (Primary) Heart -

(DURATION) DAYS

(Signed) Dr. A. Bruce M.D.

Address 125 St Paul

Date Feb - 14 - 1908

Place of Burial Oak Lawn Cem

Date Feb 16th 1908

Undertaker P. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his re, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Evan Crackkrok

{ Residence, if in Baltimore, Give Street and Number. } 416 W. Pratt st

C 9532

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: .....1.....

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Llamukaetes

(Address) 712 N. Camden

Filed Feb 15, 1908.

HARRY C. ANDRAE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 13- 1908

I HEREBY CERTIFY, That I attended deceased from Crane's case 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 12.46 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock- Crushed pelvis

Crushed by car. (R.R.)

accident

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N. Caroline St.

Date Feb. 14, 1908

Place of Burial London Park

Date Feb 16 1908

Undertaker W. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 213 Taylors Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Major L. Martin

{ Residence, if in Baltimore, Give Street and Number. } 213 Taylors Court 9533

Duration of Residence in Baltimore. 26 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Black
DATE OF BIRTH	November 1864
AGE	43 years, 3 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	~~Mary Smith~~ Unknown
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Martin

(Address) 1901 Landsdowne st

Filed Feb 15 1905

PERMIT CLERK.
HARRY C. ANDREWS.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 14 1908

I HEREBY CERTIFY, That I attended deceased from Feb 14 1908 to Feb 14 1908

that I last saw him alive on Feb 14 1908,

and that death occurred, on the date stated above, at 1120 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonary Tuberculosis (DURATION) 1yr DAYS

(Signed) Alfred A Bendick M.D.

Address 7 South Broadway

Date Feb 16 1908

Place of Burial Laurel

Date February 16 1908

Undertaker R. A. Elliott

Address 526 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 11

(Place of Death.) No. 2221 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Marie Schultz

{Residence, if in Baltimore, Give Street and Number.} 2221 Eastern Ave

Duration of Residence in Baltimore. Life

C 9534

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Sept. 9 1907
AGE	..... years, 5 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Gallo. Ind
FULL NAME OF FATHER	John A. Schultz
BIRTHPLACE OF FATHER (State or country)	Gallo. Ind
MAIDEN NAME OF MOTHER	Fredericka Sacha
BIRTHPLACE OF MOTHER (State or country)	Ind.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Schultz

(Address) 2221 Eastern Ave

Filed Feb 15 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Dec. 15th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 13 1908 to Dec. 15 1908

that I last saw her alive on " 15 1908

and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary) Cardiac Paralysis

(DURATION) DAYS

(Signed) Chas. Green M.D.

Address 619 Walbrook Ave

Date 619 Walbrook Ave 190

Place of Burial Mount Redeemer

Date Feb. 17 1908

Undertaker J. A. J. Heer

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward.....

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm T. Matthews

{ Residence, if in Baltimore, Give Street and Number. } 733 Price Street

C9536

Duration of Residence in Baltimore... 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: 1

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Bonifay, Supt.

(Address) BAY VIEW ASYLUM.

Filed Feb 15 1908 HARRY O. ANDREW Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 30 1908 to Feb. 13 1908 that I last saw h.. alive on Feb. 13 1908, and that death occurred, on the date stated above, at 9.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) ..... DAYS

Contributory (Primary.) Nephritis

(DURATION) ..... DAYS

(Signed) Robt. T. Bay M.D.

Address Bay View

Date ..... 190..

Place of Burial Mt. Auburn Cemetery

Date February 16" 1908

Undertaker Alex. Hemsley

Address 678 W. Biddle St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin Weinkrantz

{ Residence, if in Baltimore, Give Street and Number. } 408 Hanover St.

Duration of Residence in Baltimore. Life C9536

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Unknown

AGE 18 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Joseph Weinkrantz

BIRTHPLACE OF FATHER (State or country) Russia.

MAIDEN NAME OF MOTHER Leha Dubinsky

BIRTHPLACE OF MOTHER (State or country) Switzerland

OCCUPATION OF DECEASED Driver.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L Weinkrantz mother

(Address) Union Mill Md.

Died Feb 15 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Found dead February 13 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7.20 a m. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxia.

due to inhaling illuminating gas. Suicide.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm M Levi Landt M.D.
Coroner

Address

Date February 14 1908

Place of Burial Hebrew Rosedale Cemetery

Date Feb. 16, 1908

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comen under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be luty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 409 N. Front St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Prendergast

{ Residence, if in Baltimore, Give Street and Number. } 409 N. Front St

Duration of Residence in Baltimore. Life

C9537

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH November 6th 1872

AGE 36 years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thomas F. Dougherty

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Mullyniy

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Dougherty

(Address) 302 E Baltimore St.

Filed Feb 15th 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14th 1908

I HEREBY CERTIFY, That I attended deceased from October 1907 to present 1908 that I last saw h alive on Feb 13 1908, and that death occurred, on the date stated above, at 1.30 M. CAUSE OF DEATH (Secondary or Immediate.)

Anaemia (pernicious

Exhaustion (DURATION) — DAYS

Contributory (Primary.) Anaemia probable 6 months (DURATION) DAYS

(Signed) B B Lemmon M.D.

Address 27 W Chase St

Date Feb 14 1908

Place of Burial St Patricks Cemetery

Date February 17th 1908

Undertaker John B Spence

Address 1325 N. Caroline St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 218 S. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Max and Fannie Feldman

{Residence, if in Baltimore, Give Street and Number.} 218 S. Caroline St.

Duration of Residence in Baltimore. Life

C 9538

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE age 8 hours

.....years, ...months, ...days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Max Feldman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Rudstein

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Freedman

(Address) 218 S Caroline st

Filed Feb 15 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 15th 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 12th 1908 to Feb. 15th 1908

that I last saw h[illegible] alive on Feb. 14th 1908

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Congestion

(DURATION) 2 DAYS

Con'ributory (Primary.) Premature birth

(DURATION) ..... DAYS

(Signed) A. F. Rice M.D.

Address 213 S Broadway

Date Feb. 15th 1908

Place of Burial Hebrew Rawdale Cemetery

Date Feb, 16, 1908

Undertaker Max Levinson

Address 1620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

C 9539

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 424 E. Caroline St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Meter Greenbaum

{ Residence, if in Baltimore, Give Street and Number. } 424 E. Caroline St.

C 9539

Duration of Residence in Baltimore. 33 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH 1

AGE 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Joe Greenbaum

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Harris

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Expressman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joe Greenbaum

(Address) 14 S. Ann St.

Filed Feb 15 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 14 1908 to Feb 14 1908 that I last saw him alive on Feb 14 1908, and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthma

(DURATION) 2 DAYS

Contributory (Primary.) Complications Stomach Kidneys (DURATION) 3 years DAYS

(Signed) H. Flinder M.D.

Address 1119 E. Baltimore St.

Date Feb. 15 1908

Place of Burial Hebrew Washington Rd

Date February 16, 1908

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 3 N. Milton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Mc Donough

{Residence, if in Baltimore, Give Street and Number.} 3 N. Milton Ave. 9540

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W

DATE OF BIRTH 1848

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Mc Donough

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Penelope Mc Donough

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary O'Leary

(Address) 3 N. Milton ave

Filed 2/16 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 15 1908

I HEREBY CERTIFY, That I attended deceased from February 1 1908 to February 15 1908 that I last saw her alive on February 14 1908, and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate)

Intracapsular fracture of hip-joint

DURATION 14 DAYS

Con'ributory (Primary.) Shock

DURATION DAYS

(Signed) G. E. Rusk M.D.

Address 1100 E Bel Air Ave

Date Feb. 16. 1908 190

Place of Burial Holy Cross Cem.

Date Feb. 17th 1908

Undertaker Jno A. Logan

Address Bank & Amity

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 929 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Slifka

{Residence, if in Baltimore, Give Street and Number.} 929 N. Chapel st

C 9541

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE (39) 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Peter Slifka

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Anna Konecke

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Barbara Slifka

(Address) 929 Chapel

Filed 2/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 14 — 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 6 1908 to Feb. 14 1908 that I last saw h[illegible] alive on 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 7 DAYS

Contributory (Primary) Endocarditis

(DURATION) DAYS

(Signed) Wm J. Rylands M.D.

Address 2006 Eutaw

Date Feb. 14 — 1908

Place of Burial Holy Redeemer

Date Feb 17 1908

Undertaker Frank Brach

Address 1904 Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 826 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amanda P. Dalrymple

{Residence, if in Baltimore, Give Street and Number.} 826 Hollins St.

Duration of Residence in Baltimore. Lifetime

C9542

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 10, 1825

AGE: 82 years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto, Md.

FULL NAME OF FATHER: Dominic Rosan

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Mary Ann Johnston

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A. D. Dalrymple

(Address) 826 Hollins St.

Filed 2/16 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 13th 1908

I HEREBY CERTIFY, That I attended deceased from Feby 10th 1908 to Feby 13th 1908 that I last saw her alive on Feby 13th 1908, and that death occurred, on the date stated above, at 5.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) 4 DAYS

Contributory (Primary.) Coed

(DURATION) — DAYS

(Signed) H W Kebner M.D.

Address 723 W. Lombard St.

Date Feby 15th 1908

Place of Burial London Park Cemetery

Date February 17, 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 822 Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charity Mitchell

{ Residence, if in Baltimore, Give Street and Number. } 822 Chase St.

Duration of Residence in Baltimore. 10 years C9543

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Female — COLOR: col	DATE OF DEATH: Feby 14 1908
DATE OF BIRTH: 1	I HEREBY CERTIFY, That I attended deceased from Jany 10 1908 to Feby 1908
AGE: 71 years, months, days	that I last saw her alive on Feby 14 1908,
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Wid	and that death occurred, on the date stated above, at 6 00
BIRTHPLACE (State or country): Md	M. CAUSE OF DEATH (Secondary or Immediate)
FULL NAME OF FATHER: Dont No	Brights Disease
BIRTHPLACE OF FATHER (State or country): = = =	(DURATION) DAYS
MAIDEN NAME OF MOTHER: Rachel Pock	Contributory (Primary.)
BIRTHPLACE OF MOTHER (State or country): Md	(DURATION) DAYS
OCCUPATION OF DECEASED: Housework	(Signed) Edward Smith M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address 538 Hanover St
(Informant) Peter Marsell	Date Feby 15 1908
(Address) 822 Chase St	Place of Burial Mt Auburn cemetery
Filed 2/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar	Date Feb 16 1908
	Undertaker John H Jaadwin
	Address 142 N Hill St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

C 9544

Registered No. B

City of Baltimore, (No. 1133 Division St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Mary Boon

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR colored

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Mason

Address 1133 Division St

Filed 2/16 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 14 1908 to Feb 14 1908

that I last saw her alive on Feb 14 1908,

and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 16 hrs

Contributory Paralysis (DURATION) 16 hrs

(Signed) D. Grant Scott M.D.

Feb 15 1908 (Address) 3548 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Auburn	Feb 17 1908
UNDERTAKER	ADDRESS
John H Owens & Son	1222 Division St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1

(Place of Death.) No. 1347 Garrett Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Robert F. Schmidt

{ Residence, if in Baltimore, Give Street and Number. } 1347 Garrett av

Duration of Residence in Baltimore. 2 yr. 1 mo 26 days

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: December 19th 1905	
AGE: 2 years, 1 months, 26 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Robert F. Schmidt
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Libonea Wacho
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert F Schmidt

(Address) 1347 Garrett Ave

Filed 2/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 15 1908

I HEREBY CERTIFY, That I attended deceased from Feby 4 1908 to Feby 1908 that I last saw him alive on Feby 15 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia Heart failure following Great rise in temperature & convulsions

(DURATION) 1 DAYS

Contributory (Primary.) Scarlet Fever

(DURATION) 12 DAYS

(Signed) E. Judson Miller M.D.

Address 2029 W. Balto St

Date Feby 15 1908.

Place of Burial St Pauls Cemetery

Date Feby 16th 1908

Undertaker R. Sander & Sons

Address 1710 Canton Ave

2 9 W

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christine Carpenter

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. Life

C9546

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Black
DATE OF BIRTH Dec. 27, 1907	
AGE ..... years, 1 months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country) Baltimore	
FULL NAME OF FATHER William Johnson	
BIRTHPLACE OF FATHER (State or country) Md.	
MAIDEN NAME OF MOTHER Fentrica Carpenter	
BIRTHPLACE OF MOTHER (State or country) Md.	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred.

(Address) St Elizabeths Home. Bur Dec. 16.

Filed Feb 16 1908

Registrar

HARRY O. ANDREWS,
PERMIT CLERK.

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 15 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 12 1908 to Feb. 15 1908 that I last saw h[illegible] alive on Feb. 14 1908, and that death occurred, on the date stated above, at 12.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus -

(DURATION) 35 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A.C. Gillis M.D.

Address 1519 N. Caroline St.

Date Feb. 15, 1908

Place of Burial Cathedral Cemetery

Date February 17th 1908

Undertaker Geliz B Pye.

Address 1026 Mulberry st

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Southern

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

C9547

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Jan-1 (about) 1908

AGE ..... years, ... months, 46 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabethis Home Baltimore

Filed Feb 16 1908

Registrar

HARRY O. ANDREWS,
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 15, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 18 - 1908 to Feb. 14, 1908 that I last saw him alive on Feb. 14, 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Insanities

(DURATION) 30 DAYS

Contributory (Primary) Lack of Care - (Foundling) (DURATION) DAYS

(Signed) A. Gillis M.D.

Address 1519 N. Carolina St.

Date Feb. 15, 1908

Place of Burial Cathedral Cemetery

Date February 17th 1908

Undertaker Felix B. Pye.

Address 102 E. Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1

(Place of Death.) No. Md. Genl. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Webster Nichols

{ Residence, if in Baltimore, Give Street and Number. } 1727 Appleton St.

C95 48

Duration of Residence in Baltimore. One year.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1890

AGE: 18 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Queen Annes Md.

FULL NAME OF FATHER: A. W. Nichols

BIRTHPLACE OF FATHER (State or country): Caroline Co Md.

MAIDEN NAME OF MOTHER: Ida Bell Cannon

BIRTHPLACE OF MOTHER (State or country): Delaware

OCCUPATION OF DECEASED: Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Webster Nichols

(Address) Ridgely Md.

Filed Feb 16 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 15 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 2 1907 to Feb. 15 1908 that I last saw h in alive on Feb. 15 1908, and that death occurred, on the date stated above, at 9.20 P. M. CAUSE OF DEATH (Secondary or immediate.)

Hemorrhage from Bowels

(DURATION) DAYS

Contributory (Primary.) Typhoid fever.

(DURATION) DAYS

(Signed) W. M. Dean M.D.

Address Md. Genl Hosp

Date Feb 15 1908

Place of Burial Centreville Md. Queen Annes Co

Date Feb 17th. 1908 1908

Undertaker Wm M. Gauthrop

Address North & Linden Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 440 N. Fremont Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oliver J. Boone

{ Residence, if in Baltimore, Give Street and Number. } 440 N. Fremont Ave.

C9549

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH February 11th 1846

AGE 61 years, months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Boone

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Mandy Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore County

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Allen

(Address) 440 N. Fremont

Filed 2/17 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 15th 1908

I HEREBY CERTIFY, That I attended deceased from February 10th 1908 to February 15th 1908 that I last saw him alive on February 15th 1908; and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

(DURATION) DAYS

Contributory (Primary.)

Heart Failure (DURATION) DAYS

(Signed) Robt. J. Murray M.D. M.D.

Address 518 N. Fremont Ave.

Date February 16th 1908

Place of Burial Western Cemetery

Date Feb 18th 1908

Undertaker George Bent

Address 594 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 929 Bolton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Wilkinson

{ Residence, if in Baltimore, Give Street and Number. } abm

Duration of Residence in Baltimore. Life

C9550

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 18 1902

AGE: 5 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Orlander Wilkinson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Lena Hechter

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Orlander Wilkinson

(Address) 929 Bolton St

Filed 2/17 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15 1908

I HEREBY CERTIFY, That I attended deceased from 1.27 1908 to 2.15 1908

that I last saw him alive on 2.14 1908,

and that death occurred, on the date stated above, at 4 A.M., CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia,

(DURATION) 17 DAYS

Contributory (Primary.) Indigestion

(DURATION) — DAYS

(Signed) J. D. Lehman M.D.

Address 211 W. Lanvale

Date 2.15 1908

Place of Burial Baltimore Cemetery

Date Feb. 17 1908

Undertaker George Bentz

Address 594 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9551

City of Baltimore, (No. 1613 Vincent St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis S. Downs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Black
DATE OF BIRTH	Nov. 27 1907 (Month) (Day) (Year)
AGE	... years, 7 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	1608 Vincent
FULL NAME OF FATHER	Edward Downs
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Ella Gorman
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Downs

(Address) 1613 Vincent

Filed 2/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 14 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 12 1908 to Feb 14 1908 that I last saw him alive on Feb 14 1908, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 4 DAYS

Contributory —

(DURATION) ... DAYS

(Signed) C. Stanciphers M. D.

Feb 15 1908 (Address) 165 E Dallas

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Feb 17 1908
UNDERTAKER	**ADDRESS**
Saml H Thaeton	1400 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1105 Parish St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sealton Wilson

{Residence, if in Baltimore, Give Street and Number.} 1105 Parish st.

09552

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored.
DATE OF BIRTH	Feb. 17 1878
AGE	30 years, [illegible] months, [illegible] days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Savanah Ga.
FULL NAME OF FATHER	Sealton Wilson
BIRTHPLACE OF FATHER (State or country)	Savanah Ga.
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	Savanah Ga.
OCCUPATION OF DECEASED	Laboner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Wilson

(Address) 1105 Parish st.

Filed 2/17 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14 1908

I HEREBY CERTIFY, That I attended deceased from Feb 10 1908 to Feb 14 1908 that I last saw h in alive on Feb 10 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 4 DAYS

Con'ributory (Primary.) Pulmonary Tuberculosis (DURATION) 6 Month

(Signed) J. Lee Steuck M.D.

Address 642 W Lexington ave.

Date Feb 15 1908

Place of Burial Mt Auburn Cem Feb 17

Date 190

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 9 East Mt Royal Avenue ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Ludwicus Reed.

{Residence, if in Baltimore, Give Street and Number.} 9 East Mt Royal Avenue. 2953

Duration of Residence in Baltimore. about 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 25th 1836.

AGE: 71 years, 7 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Scottsville Va.

FULL NAME OF FATHER: Henry Ludwicus Reed.

BIRTHPLACE OF FATHER (State or country): East Weymouth Mass.

MAIDEN NAME OF MOTHER: Charlotte Hathaway.

BIRTHPLACE OF MOTHER (State or country): Thanston Mass.

OCCUPATION OF DECEASED: Iron Ship Carpenter Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lindsay Black.

(Address) Towson. Md.

Filed 2/17 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15 1908

I HEREBY CERTIFY, That I attended deceased from Feb 4 1908 to Feb 15 1908 that I last saw h-e alive on Feb 14 1908, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) 11 DAYS

Contributory (Primary) Dilated heart several years (DURATION) DAYS

(Signed) Peter Shepherd M.D.

Address 16 W Preston St

Date Feb 15th 1908

Place of Burial Chambersburg Penna

Date February 18th 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9554

City of Baltimore, (No. [redacted] 1103 N Eden St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Hamilton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov (Month) 28 (Day) 1907 (Year)

AGE: ..... years, 2 months, 18 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Anna Hamilton

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. C. Peterson M.D.

(Address) 1103 N Eden St

Filed 2/17 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 8 1908 to Feb 15 1908 that I last saw her alive on " " 1908, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Enteritis

(DURATION) 7 DAYS

Contributory Inherited trouble

Lung trouble DAYS

(Signed) E. C. Peterson M.D.

Feb 15 1908 (Address) 1103 N Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: First German M. Ev. Church Cem. | DATE OF BURIAL: Feby 17th 1908

UNDERTAKER: George Schilling & Sons | ADDRESS: 1126 E Monument St

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tracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***enty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1338 James St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Mullinix

{Residence, if in Baltimore, Give Street and Number.} 1338 James st.

Duration of Residence in Baltimore. 10 years

C955

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ohio

FULL NAME OF FATHER: Daniel Crowley

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Ella M. Schank

BIRTHPLACE OF MOTHER (State or country): Ohio

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella M Schank

(Address) 1338 James St

Filed 2/17 1908

HARRY C. ANDREWS,
PERMIT CLERK,
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 16 1908

I HEREBY CERTIFY, That I attended deceased from Sept 8 1907 to Feb 16 1908

that I last saw h[illegible] alive on Feb 15 1908

and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

5 months (DURATION)

Contributory (Primary.) Anthemia

(DURATION) 1 DAY

(Signed) J. E. Imse M.D.

Address 865 Columbia Ave

Date Feb 16 1908

Place of Burial London Park

Date Feb 18 1908

Undertaker H. C. Brannings

Address S. S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1016 Forrest Pl St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph F. Bregel

{ Residence, if in Baltimore, Give Street and Number. } 1016 Forrest Pl.

C9556

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 83 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jacob Bregel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Carrie Shrader

(Address) 1016 Forrest Pl

Filed 2/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 14 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 2 1908 to Feb 14 1908

that I last saw him alive on Feb. 14 1908,

and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arteriosclerosis (Cardiac)

Half hour (DURATION) DAYS

Contributory (Primary.) Chronic

Nephritis (DURATION) DAYS

(Signed) R. R. Shrader M.D.

Address 1741 Harford Ave

Date February 15 1908

Place of Burial Baltimore Cemetery

Date Feb 17 1908

Undertaker H. C. Brauning

Address E. S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 43 N. West St St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Julia G. Whelan

{ Residence, if in Baltimore, Give Street and Number. } 43. N. West St

Duration of Residence in Baltimore. Life

1957

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH September 7 1907

AGE — years, 4 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John J. Whelan

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Margaret Burke

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Whelan (mother)

(Address) 43 N. West St

Filed 2/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 16 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190— to ——— 190—

that I last saw h— alive on ——— 190—

and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. McGuinness M.D.

Address Coroner

Date February 17 1908

Place of Burial St Patricks Cem

Date February 17th 1908

Undertaker Daniel and Margaret B. Fry

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 332 S Mount St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Child of

Full Name Wilghman & Laura Isaac

{ Residence, if in Baltimore, Give Street and Number. } 332 S Mount St

Duration of Residence in Baltimore. Life

C9558

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 15 1908

AGE — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wilghman Isaac

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Laura Litzinger

BIRTHPLACE OF MOTHER (State or country) Balto Co Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilghman C Isaac

(Address) 332 S. Mount St

Filed 2/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 15 1908 to Feb 15 1908

that I last saw h alive on Feb 15 1908,

and that death occurred, on the date stated above, at a m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Bronchial.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Simpson M.D.

Address 517 Lexington

Date Feb 16 1908

Place of Burial Baltimore Cemetery

Date Feb 17 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 57 Garrison Lane St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Julia Matilda Zapf

{ Residence, if in Baltimore, Give Street and Number. } 57 Garrison Lane.

C 959

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mch 1 1867

AGE 40 years, 11 months, 15 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ ~~Balto Md~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Henry Kraft

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Louisa Wagner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Zapf

(Address) 57 Garrison Lane

Filed 2/17 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 16. 1908

I HEREBY CERTIFY, That I attended deceased from Jan 9. 1908 to Feb 16. 1908

that I last saw her alive on Jan 13. 1908.

and that death occurred, on the date stated above, at 4.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 6a. DAYS

Contributory (Primary) General dropsy

(DURATION) 12 DAYS

(Signed) J W Wilson M.D.

Address 1793 Holbrook

Date Feb 17. 1908

Place of Burial Baltimore

Date Feb 18 1908

Undertaker Jno. B. Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 20 N Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza King

{ Residence, if in Baltimore, Give Street and Number. } 20. N Exeter St. C 9560

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White.

DATE OF BIRTH —

AGE 87 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER James McCraken

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Wm H King

(Address) 20. N Exeter St.

Filed 2/17 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 15th 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 6th 1908 to Feb. 15th 1908 that I last saw her alive on Feb. 15th 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Old age

(DURATION) DAYS

Contributory (Primary.) Chronic Bronchitis

(DURATION) yrs. DAYS

(Signed) A. F. Rees M.D.

Address 213 S. Broadway

Date Feb. 15th 1908

Place of Burial Baltimore Cemetery

Date Feb. 18 1908

Undertaker Wm Cook

Address 502 E Fayette av.

WM. J. C. DULANY CO., BALTIMORE.

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1929 W. Lombard St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christian J Zimmerman

{Residence, if in Baltimore, Give Street and Number.} 1929 W Lombard St

C9561

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb. 29 1

AGE: 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Christian Zimmerman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise Hessald

(Address) 1929 W. Lombard St

Filed 2/17 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15 1908

I HEREBY CERTIFY, That I attended deceased from Feb 12 1902 to Feb 14 1902 that I last saw h[im] alive on Feb 14 1902, and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate)

Grip + Old age

(DURATION) DAYS

Con ributory (Primary.)

(DURATION) DAYS

(Signed) Walter A Coe M.D.

Address 545 Fulton

Date Feby 15. 1908

Place of Burial Loudon Park Cemetery

Date Feby. 17-08 19[0]

Undertaker Wm Cook

Address 502 E North av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1422 Carroll St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Veronica Myers. Heko

{ Residence, if in Baltimore, Give Street and Number. } 1422 Carroll St

C19562

Duration of Residence in Baltimore. 19 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 35 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~: Married

BIRTHPLACE (State or country): Richmond Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael J Heko

(Address) 1422 Carroll St

Filed 2/17 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15 1908

I HEREBY CERTIFY, That I attended deceased from Feb 14 1908 to Feb 15 1908 that I last saw h[illegible] alive on Feb 15 1908, and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

26 hours (DURATION) DAYS

Contributory (Primary.) Cardiac Asthenia

one hour (DURATION) DAYS

(Signed) C Moby Hoag M.D.

Address 721 Columbia Ave

Date Feby 15 1908

Place of Burial London Park

Date Feby 17 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 432 E 20th St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Geissendaffer

{ Residence, if in Baltimore, Give Street and Number. } 432 E. 20th St.

Duration of Residence in Baltimore. Life.

163

C956

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White.

DATE OF BIRTH ..... 1.....

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm Geissendaffer

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary E. Simpson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Restaurant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Geissendaffer

(Address) 432 E 20th St.

Filed 2/17 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 15 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1907 to Feb 15 1908

that I last saw h.. alive on Feb. 15 1908,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Ex Consultation.

Con'tributory (Primary.) Pulmonary Tuberculosis. (DURATION) 6 Mos. DAYS

(DURATION) ..... DAYS

(Signed) M. L. Todd. M.D.

Address 1202 E. Monument St.

Date Feb. 15 1908

Place of Burial Loudon Park

Date Feb 17/908 1908

Undertaker Wm Cook.

Address 502 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 9564

City of Baltimore, (No. 531 W. Baltimore St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Weyforth

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April (Month) 15th (Day) 1858 (Year)
AGE	49 years, 10 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore, Md
FULL NAME OF FATHER	Philip Weyforth
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Weyforth.

(Address) 531 W. Baltimore St.

Filed 2/17 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb (Month) 15th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 15 1907 to Feb 15 1908 that I last saw h— alive on Feb 15 1908, and that death occurred, on the date stated above, at 8.45 p.m. The CAUSE OF DEATH was as follows:

Chronic interstitial nephritis

(DURATION) 5 yrs DAYS

Contributory Exhaustion

(DURATION) 4 DAYS

(Signed) C. W. Mitchell M. D.

Feb 16 1908 (Address) 1002 Cathedral

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Feb 18th 1908
UNDERTAKER	ADDRESS
Jno. & Jas. John H. Tenzel	801 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 9565

Registered No. B .....

City of Baltimore, (No. 1418, Bolton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Hodges

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: May (Month) 29 (Day) 1832 (Year)

AGE: 75 years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Prince George Co Md

FULL NAME OF FATHER: John Hodges

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Susan Ogle

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hodges

(Address) 1418 Bolton St

Filed 2/17 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 15th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 12th 1908 to Feby 15th 1908

that I last saw him alive on Feby 15th 1908,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Acute Congous Pneumonia

(DURATION) 5 DAYS

Contributory .....

(DURATION) 5 DAYS

(Signed) E. M. Van Ness M. D.

Feby 17th 1908 (Address) 200 W. Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Ft Howard Co Md

DATE OF BURIAL: Feb 17 1908

UNDERTAKER: Geo J Smith & Co

ADDRESS: 1000 W. Fayette St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 827 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa M. Hennemann

{Residence, if in Baltimore, Give Street and Number.} 827 W. Mulberry

Duration of Residence in Baltimore. Life

C 9566

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 23rd 1862

AGE 45 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto. city Md

FULL NAME OF FATHER Chas F Mahn

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Rosa Snyder

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Hennemann

(Address) 827 Mulberry st

Filed 2/17 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1908 to Feb 15 1908

that I last saw h as alive on Feb 14 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Gastric carcinoma

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) J. C. Evans M.D.

Address 1302 W Lombard st

Date Feb 16 1908

Place of Burial London Park

Date Feb 18 1908

Undertaker Geo J Smith Co

Address 1800 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 4 N Chester St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Coward 9567

{Residence, if in Baltimore, Give Street and Number.} 4 N Chester St

Duration of Residence in Baltimore. Life Coward

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH 1

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Schlosser

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Schlosser

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Coward

(Address) 4 N Chester St

Filed 2/17 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 16th 08 1908

I HEREBY CERTIFY, That I attended deceased from Nov 3rd 1907 to Feb 16 1908

that I last saw her alive on Feb 16th 1908,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Suppression of Urine, Uremia & Exhaustion

(DURATION) 3 DAYS

Contributory (Primary) Carcinoma of left kidney with Metastasis (DURATION) DAYS

(Signed) Arthur Hebb M.D.

Address 2006 E. Pratt St

Date Feb 16th 1908

Place of Burial Mt Carmel Cemetery

Date Feb 18 1908

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1822 N. Broadway St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura V. Rawlings

{ Residence, if in Baltimore, Give Street and Number. } 1822 N Broadway

Duration of Residence in Baltimore. Life

C 1568

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH 1

AGE 44 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Chas H Whiteford

BIRTHPLACE OF FATHER (State or country) Hartford Co Md

MAIDEN NAME OF MOTHER Eliza L.

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H E Rawlings per H E H

(Address) 1822 N Broadway

Filed 2/17 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 15 1908

I HEREBY CERTIFY, That I attended deceased from February 1 1908 to February 16 1908 that I last saw h er alive on February 14 1908, and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of breast causing metastatic pneumonia

(DURATION) 14 DAYS

Contributory (Primary.) Respiratory failure

(DURATION) 1 DAYS

(Signed) G. Es. Ryork M.D.

Address 2000 E. Baltimore st

Date February 16 1908

Place of Burial Landon Park

Date Feb 18 1908

Undertaker H E Hughes

Address 179 Broady

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Fenzel

{Residence, if in Baltimore, Give Street and Number.} 1053 Hubbard St Locust Pt 2569

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1857

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Frank Fenzel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Aont Known

BIRTHPLACE OF MOTHER (State or country): German

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Fenzel

(Address) 1053 Hubard st

Filed 2/17 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 15 1908

I HEREBY CERTIFY, That I attended deceased from Dec 18 1907 to Feb 15 1908

that I last saw him alive on Feb 15 1908

and that death occurred, on the date stated above, at 2 40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hosp.

Date February 15 1908

Place of Burial St. Alphonsus

Date Feb 18th 1908

Undertaker Jos. Stuntebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 23 E. Heath St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of John & Alice Fout

{ Residence, if in Baltimore, Give Street and Number. } 23 E. Heath St

9570

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 16. 1908 10 A.M.

AGE: ..... years, ... months, 4 hours Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md-

FULL NAME OF FATHER: John G. Fout

BIRTHPLACE OF FATHER (State or country): Carroll Co Md

MAIDEN NAME OF MOTHER: Alice A Woodward

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C Fout father

(Address) 23 E Heath St

Filed 2/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 16 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Insufficiency

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Chas M Kenniff M.D.

Address Coroner

Date February 17 1908

Place of Burial Western Cemetery

Date Feb 17 1908

Undertaker Jos. Stuntebeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 407 King St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rebecka Wintgburgn.

{ Residence, if in Baltimore, Give Street and Number. } 407 King St

Duration of Residence in Baltimore. Life

C9571

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 52 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto City Md

FULL NAME OF FATHER John Phillips

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mc Kinown

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Ahrens

(Address) 754 N Eutaw St.

Filed 2/17 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 16th 1908

I HEREBY CERTIFY, That I attended deceased from Mch 13th 1907 to Feb 16th 1908

that I last saw h alive on Feb 15th 1908

and that death occurred, on the date stated above, at ..... a. m. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Nephritis

2d Asthenia

(DURATION) 8 Months

Con'tributory (Primary.) ✓

(DURATION) DAYS

(Signed) John T. McCauley M.D.

Address 656 W Franklin St

Date Feb 16 1908

Place of Burial Oak Lawn Cem

Date Feby 18 1908

Undertaker Jacob Ahrens and Co

Address 754 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

43

(Place of Death.) No. 709 Edmondson Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Schreiber

{ Residence, if in Baltimore, Give Street and Number. } 709 Edmondson ave

C95 72

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Oct 13. 1839

AGE: 68 years, 4 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: — waldkoenig

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: waldkoenig

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard H Schreiber

(Address) 709 Edmondson Ave

Filed 2/17 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 16 1908

I HEREBY CERTIFY, That I attended deceased from March 9 1906 to Feb 16 1908 that I last saw her alive on Feb 16 1908, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Carcinoma of the Breast (DURATION) 3 yrs

(Signed) Geo W Emmert M.D.

Address 800 Harlem Ave

Date Feb. 16. 1908

Place of Burial New Cathedral

Date Feb 18 1908

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

C 9375

18

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leo Dunn

{Residence, if in Baltimore, Give Street and Number.} Nursery & Childs Hospital

C 9375

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 11 — 1907

AGE: ..... years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: — —

BIRTHPLACE OF FATHER (State or country): — —

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M R. Stone

(Address) Nursery & Childs Hospital

Filed 2/17 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb - 13th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1907 to Feb 13th 1908 that I last saw h alive on Feb 13th 1908 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Erysipelas

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Ruhrah M.D.

Address Nursery & Childs Hospital

Date Feb 13th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 14 1908

Undertaker Commissioner Health. Per. Wm. E. Woodall

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

36

CERTIFICATE OF DEATH.

(Place of Death.) No. 430 Moore St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Care Lucas

{Residence, if in Baltimore, Give Street and Number.} 430 Moore St. Lucas

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Color-Am

DATE OF BIRTH: Unk 1808

AGE: ..... years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: James Lucas

BIRTHPLACE OF FATHER (State or country): Balto. City

MAIDEN NAME OF MOTHER: Edna Smith

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lottie Smith.

(Address) 631 Elbow Lane

Filed 2/17 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 12 1908

I HEREBY CERTIFY, That I attended deceased from 2/11 1908 to 2/12 1908

that I last saw h— alive on 2/11 1908

and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Bronchio Pneumonia

(DURATION) 4 DAYS

Con'ributory (Primary) Improper Feeding

Life (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mond. Ave

Date 2/13 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 14 1908 190

Commissioner Health.

Undertaker

Address

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

36

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Abraham Bedford

{Residence, if in Baltimore, Give Street and Number.} 406 Lanvale St

Duration of Residence in Baltimore. 35 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	B

DATE OF BIRTH 1

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): a

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/17 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 12th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 27 1908 to Feb 17 1908

that I last saw h alive on Feb 12 1908,

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease —

Brights Complication

(DURATION) — DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) W W Baker M.D.

Address Balto City Hospital

Date Feb 13th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 14 1908

Undertaker Commissioner Health, Per. Wm. H. WOODALL

Address FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

36

CERTIFICATE OF DEATH.

151

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Maria Lawrence

{ Residence, if in Baltimore, Give Street and Number. } 247 N. Washington St.

C9576

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 14 1908

AGE 3 hours
..... years, ... months, ... days

SINGLE, ~~MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER Maria Lawrence

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/17 1908 HENRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14 1908

I HEREBY CERTIFY, That I attended deceased from Feb 14 1908 to Feb 14 1908

that I last saw h[illegible] alive on [illegible] 1908

and that death occurred, on the date stated above, at [illegible] M.

CAUSE OF DEATH (Secondary or Immediate)

Prematurity.

3 hours (DURATION) ~~DAYS~~

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Jos. T. Smith, Jr., M.D.

Address Johns Hopkins Hospital

Date Feb. 14, 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date Feb 15 1908

Undertaker Commissioner Health,
Per. Wm. E. WOODALL,

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

87

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Frank K. McGuire

{ Residence, if in Baltimore, Give Street and Number. } 203 S. Stricker

Duration of Residence in Baltimore. Life

C 9577

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 4 years, 9 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Bernard McGuire

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Angelina Tostanes

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard McGuire

(Address) 202 S. Stricker St

Filed 2/17 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb - 17 1908

I HEREBY CERTIFY, That I attended deceased from Feb 10 to Feb 17 1908

that I last saw him alive on Feb 17 1908

and that death occurred, on the date stated above, at 3:35 a.m. CAUSE OF DEATH (Secondary or Immediate)

Dr was about 4 ounces of whiskey left in the house for sickness with alcoholism

Convulsions (DURATION) 18 hours DAYS

Con'tributory (Primary) (DURATION) DAYS

(Signed) G. Frank Jones M.D.
Coroner 2nd D

Address

Date Feb - 17th 1908

Place of Burial St Peters

Date Feb 19th 1908

Undertaker John Hogan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, as far as the same can be ascertained, the **full name, sex, age, condition** (whether single, married, widowed or divorced), **birthplace, occupation, cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 5 N Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant g William J. and Julia Cole

{Residence, if in Baltimore, Give Street and Number.} 5 N Monroe St

Duration of Residence in Baltimore. Life

C9578

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: Feb 15 - 1908

AGE: — years, — months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm J. Cole

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Julia Johnson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J A Burkett

(Address) 1107 Dolphin Ave

Filed 2/17 1908

WM. C. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 15 - 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 15 1908 to Feb. 15 - 1908

that I last saw h— alive on Feb 15 1908

and that death occurred, on the date stated above, at 3 P M. CAUSE OF DEATH (Secondary or Immediate.)

Atelectasis -

(DURATION) DAYS

Con'ributory (Primary.) Prematurity & Exhaustion due to Wasting of Mother (DURATION) DAYS

(Signed) J. M. St. Rowland M.D.

Address 1304 Madison Ave

Date 190

Place of Burial Laurel Cemetery

Date Feb 17 - , 190

Undertaker J A Burkett

Address 1107 Dolphin Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 810 China St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Delia Smith

{ Residence, if in Baltimore, Give Street and Number. } 810 China St.

Duration of Residence in Baltimore. 35 Years

0579

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: 1

AGE: 55 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Wife

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Isiah Anderson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Millie Bord

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie White

(Address) 810 China St

Filed 2/17 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 15 1908

I HEREBY CERTIFY, That I attended deceased from Feb 7 1908 to Feb 15 1908

that I last saw h[illegible] alive on Feb 15 1908,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Anaemia

(DURATION) 10 DAYS

Contributory (Primary.) Nephritis

(DURATION) 1?1 DAYS

(Signed) H S McCard M.D.

Address 2005 Druid Hill Ave

Date 2/16 1908

Place of Burial Mt Auburn Cemetery

Date Feb 17 1908

Undertaker Colin H Jenkins

Address 742 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 9580 — Registered No. B C 9580

CERTIFICATE OF DEATH. 1

(Place of Death.) No. 1248 McElderry St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Simon Fricker

{Residence, if in Baltimore, Give Street and Number.} 1248 McElderry.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH Aug 16 — 1905

AGE 3 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Father Fricker

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Sarah Fricker

BIRTHPLACE OF MOTHER (State or country) Penn.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) a Sister

(Address) 1248 McElderry St

Filed 2/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15th 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 14th 1908 to Feb 15th 1908 that I last saw h[im] alive on Feb 15th 1908 and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Scarlet Fever

(DURATION) 1½ DAYS

Contributory (Primary.) Convulsions

(DURATION) DAYS

(Signed) C. Shelmerdine M.D.

Address 1419 E. Eager

Date Feb 17th 1908

Place of Burial Hebrew Friendship

Date Feb 17th 1908

Undertaker Dan'l Sondheim 926 Mi[ddle]

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 817 Park Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Ellen Tyson

{ Residence, if in Baltimore, Give Street and Number. } 817 Park Ave. Baltimore

Duration of Residence in Baltimore. Last period of residence in Baltimore between 22 and 23 years. Was born in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 14th 1831

AGE: 76 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Matthew Smith

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Catharine Marsh

BIRTHPLACE OF MOTHER (State or country): New Jersey

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Morris Tyson

(Address) 817 Park Ave.

Filed 2/17. 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 16th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Feb 16th 1908

that I last saw her alive on Feb 15 1908,

and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) 3 Years

(Signed) A. D. Atkinson M.D.

Address 921 N. Charles

Date Feb 17th 1908

Place of Burial Greenmount

Date Feby 19th 1908

Undertaker Hemsley & Son Co

Address 300 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 1724 Linden ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name aloysius B. Frederick

{ Residence, if in Baltimore, Give Street and Number. } 1724 Linden ave

Duration of Residence in Baltimore... Life

Q9582

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 30th 1859

AGE 48 years, 10 months, 14 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Michael A. Frederick

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna M. Frederick

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Geo. A. Yakel

(Address) 1724 Linden ave.

Filed 2/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 14th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 8th 1908 to Feb 14th 1908

that I last saw h-im alive on Feb 14th 1908

and that death occurred, on the date stated above, at 7 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Concussion of the Brain from falling down Stairs at his home

7 ~~(DURATION)~~ DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward J. Nicholson M.D.

Address 115 N Franklin

Date Feb 15th 1908

Place of Burial Mount Holy Redeemer Cem

Date Feby 18th 1908 ~~190~~

Undertaker Henry A. Jenkins and Sons Co

Address 300 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH. 17

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie E Farrell

C9583

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: White.

DATE OF BIRTH: ..... 1 .....

AGE: 31 ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lomax Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 2/17 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 16th. 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 27 1907 to Feb. 16 1908 that I last saw h[illegible] alive on Feb. 16 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date Feb. 17 1908

Place of Burial Baltimore Cemetery

Date Feb 19th 1908

Undertaker Geo Rossell

Address 1442 N Gay St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

114

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas L Griffee

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

9584

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	52 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Carroll Co Md
FULL NAME OF FATHER	Eliza Griffee
BIRTHPLACE OF FATHER (State or country)	Carroll Co Md
MAIDEN NAME OF MOTHER	Martha Arol
BIRTHPLACE OF MOTHER (State or country)	Carroll Co Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Griffee

(Address) No 4 Light St

Filed 2/17 1908

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 17th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 26th 1908 to Feb 17 1908 that I last saw h-- alive on Feb 17th 1908, and that death occurred, on the date stated above, at 3 40 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Cachexia (Obstruction) Malignant (DURATION) DAYS

(Signed) E. W Birkhead M.D.

Address University Hospital

Date Feb. 17th 1908

Place of Burial Finksburg Carroll Co Md

Date FEB 18 1908 190

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

C 9585

34

CERTIFICATE OF DEATH.

(Place of Death.) No. 1806 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Allen Greer

{Residence, if in Baltimore, Give Street and Number.} 1806 W. Fayette St

C 9585

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 28 1847

AGE: 60 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Rob. A. Greer

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Laura A. Tyson

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Druggist Stock

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. F. Miller

(Address) 1806 W Fayette St

Filed 2/17 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 16 1908

I HEREBY CERTIFY, That I attended deceased from Dec 30 1907 to Feby 16 1908 that I last saw him alive on Feb 15 1908, and that death occurred, on the date stated above, at 5.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Renal (ch. Pulmonary) Tubercul
osis

Time Dec 30/07 (DURATION) ___ DAYS

Contributory (Primary.) Urgmia

a few days (DURATION) ___ DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette

Date Feby 17 1908

Place of Burial Frederick - Md

Date Feb 18 - 1908

Undertaker E. M. Mitchell

Address 120 W Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Malachi Phillips

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore. Life

C 9586

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black -

DATE OF BIRTH: Oct. 9, 1903

AGE: 4 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md -

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home.

Per M. Bell

Filed 2/17 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 17, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 26 1907 to Feb. 15 1908 that I last saw him alive on Feb. 15 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 65 DAYS

Contributory (Primary.) Measles - (DURATION) 83 DAYS

(Signed) A. C. Gillis M.D.

Address 15-19 N. Caroline St.

Date Feb. 19, 1908

Place of Burial Cathedral Cemetery

Date February 18th 1908

Undertaker Felix B. Rye

Address 328 Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

114

(Place of Death.) No. 1505 N. Chapel St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Fetch

{ Residence, if in Baltimore, Give Street and Number. } 1505 N. Chapel St.

C9587

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 20th 1904

AGE 3 years, 7 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Louis Fetch

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Grace Pruett

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Fetch

(Address) 1505 N. Chapel St

Filed 2/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 16 1908

I HEREBY CERTIFY, That I attended deceased from Feb 14 1908 to Feb 16 1908

that I last saw h[illegible] alive on Feb 14 1908

and that death occurred, on the date stated above, at 3.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

1. Acute Nephritis

(DURATION) 3 DAYS

Contributory (Primary.) Uraemic

Poisoning (DURATION) 3 DAYS

(Signed) A. D. Macdonald M.D.

Address 1540 N Broadway

Date Feb 16 1908

Place of Burial Holy Redeemer Cemetery

Date Feb 18 1908

Undertaker Henry Koch Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C 9388

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1718 Lansing ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Zychoff

{ Residence, if in Baltimore, Give Street and Number. } 1718 Lansing ave

C 9588

Duration of Residence in Baltimore. 23 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: March 1845

AGE: 45 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Edward Zychoff

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Augusta Holzman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Cecilia Zychoff

(Address) 1718 Lansing

Filed Feb 18" 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1908

I HEREBY CERTIFY, That I attended deceased from Feb 14 1908 to Feb 1908

that I last saw him alive on Feb 16 1908,

and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) A W Broadrick M.D.

Address 1540 N Broadway

Date February 17th 1908

Place of Burial St Mathews

Date Feb 19th 1908

Undertaker R. J. Turner

Address 1442 N. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

167

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Charles E. Herbert.

{ Residence, if in Baltimore, Give Street and Number. } Sparrows Point

Duration of Residence in Baltimore Non-resident

C9589

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR Colored

DATE OF BIRTH [redacted]

AGE 38 years, — months, [redacted] days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) ~~Va~~ Maryland ~~Charles Co~~

FULL NAME OF FATHER Charles ~~Hall~~ Adams

BIRTHPLACE OF FATHER (State or country) ~~Somerset~~ Md. ~~Herbert~~

MAIDEN NAME OF MOTHER Sophronia ~~Hall~~ Herbert

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Adams

(Address) 4406 E. 23rd St

Filed Feb 18" 1908

HENRY C. ANDREAE, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Feb.~~ Feb. 15 1908

I HEREBY CERTIFY, That I attended deceased from Coroner's Case 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 8-05 P. M. CAUSE OF DEATH (Secondary or Immediate) Accidental Burns

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. L. Hayden Coroner M.D.

Address 1216 N. Caroline St

Date Feb 16 1908

Place of Burial G.U.O.O.F. Cemetery

Date Feb. 17" 1908

Undertaker Alex. Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7 C 9590

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 607 China St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Brandford

{Residence, if in Baltimore, Give Street and Number.} 607 China St.

Duration of Residence in Baltimore. 2½ Years

c 9590

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Dont Know.

AGE: about 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Jane Johnson

BIRTHPLACE (State or country): A.A. Co., Md.

FULL NAME OF FATHER: Chas. Johnson

BIRTHPLACE OF FATHER (State or country): A.A. Co. Md

MAIDEN NAME OF MOTHER: Ruth Lane

BIRTHPLACE OF MOTHER (State or country): A.A. Co. Md.

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. Brandford

(Address) 607 China St.

Filed Feb 18 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 17 1908.

I HEREBY CERTIFY, That I attended deceased from Oct. 20 1907 to Feb. 17 1908.

that I last saw her alive on " " 1908.

and that death occurred, on the date stated above, at 6. A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis & Anaemia

(DURATION) 80 DAYS

Contributory (Primary.) Grip

(DURATION) 20 DAYS

(Signed) C. L. Nuckols M.D.

Address 502 S. Paca St.

Date Feb. 17th 1908

Place of Burial Furnace Branch Md

Date Feb. 18" 1908

Undertaker Alex. Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., Baltimore

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 871 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine M. Dougherty

{ Residence, if in Baltimore, Give Street and Number. } 871 Hollins st.

Duration of Residence in Baltimore. Life

c 9591

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 33 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Geo W Lawson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ellen Mahoney

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A Dougherty

(Address) 871 Hollins St

Filed Feb 18 1908 MARY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1907 to Feb 13 1908 that I last saw h alive on Feb 13 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate) Pulmonary tuberculosis

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) John C. Young M.D.

Address 1302 W. Lombard

Date Feb 17 1908

Place of Burial New Cathedral

Date 2/18 1908

Undertaker Wm J Schyllemeyer & Bro

Address 9 S Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

27

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9592

City of Baltimore, (No. 1117, Whatcoat St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura A. Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH (Month) (Day)	1 (Year)
AGE	23 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roger Reed

(Address) 1117 Whatcoat St

Filed 2/18 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 16th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from December 6 1907 to February 16 1908 that I last saw her alive on February 16 1908, and that death occurred, on the date stated above, at 6.45 P.M. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) DAYS

Contributory Acute Pneumonia Phthisis

(DURATION) DAYS

(Signed) Geo. N. Lauenbach M. D.

Feb 16th 1908 (Address) 635 Hooker St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sharps Ward. Richmond Co Va	Feby 19 1908
UNDERTAKER Wm J Johnson	ADDRESS 614 Baker St

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1441 Mount St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Talbot

{ Residence, if in Baltimore, Give Street and Number. } 1441 Mount St.

C 9593

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mulatto

DATE OF BIRTH: Oct. 17, 1906

AGE: 1 years, 3 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Joseph Ellsworth Talbot

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rosina Jackson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Talbot

(Address) 1441 Mount St.

Filed 2/18 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 15th. 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 12th 1908 to Feb. 15th. 1908 that I last saw h im alive on Feb. 15th 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobular-pneumonia.

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. De Sales Kelly M.D.

Address 2143 Penna Ave

Date Feb. 17th. 1908

Place of Burial Laurel Cemetry

Date Feb 18 1908

Undertaker Wm J Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 9594 Registered No. B [illegible] 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 27 Lohrs Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Myers

{ Residence, if in Baltimore, Give Street and Number. } 27 Lohrs Lane.

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH Unknown 1

AGE 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Centreville - Queens Ann Co. Md.

FULL NAME OF FATHER Henry Mason

BIRTHPLACE OF FATHER (State or country) Centreville - Queens Ann Co. Md.

MAIDEN NAME OF MOTHER Sarah

BIRTHPLACE OF MOTHER (State or country) Centreville - Queens Ann Co. Md.

OCCUPATION OF DECEASED House - work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joe Reese - (Cousin)

(Address) 21 Conroe Ave -

Filed 2/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 16 - 1908

I HEREBY CERTIFY, That I attended deceased from February 15 1908 to Feb 16 1908

that I last saw her alive on Feb 16 1908

and that death occurred, on the date stated above, at 12 30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Heart Failure -

(DURATION) Unknown

Contributory (Primary.) Paralysis

(Left Side of body) (DURATION) 1 day

(Signed) Geo W. Mahle M.D.

Address 1903 W Baltimore St

Date February 16th - 1908

Place of Burial Odd Fellows Cem

Date Feb 19 - 1908

Undertaker Wm J. Johnson

Address 1 Baker St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

93

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9595

City of Baltimore, (No. 1701, North Spring St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Straus

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH January 10, 1908 (Month) (Day) (Year)

AGE ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Max Straus

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Kate Rosenthal

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Small Grocery

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Straus

(Address) 1701 N. Spring St

Filed 2/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 17 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 15 1908 to Feb 17 1908 that I last saw h iss alive on Feb 17 1908, and that death occurred, on the date stated above, at 6.45 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 3 DAYS

Contributory Exhaustion

(DURATION) 3 DAYS

(Signed) A W Macdonald M. D.

Feb 17 1908 (Address) 1540 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Helena Roanoke County	Feb. 18, 1908
UNDERTAKER	ADDRESS
Mayer Levinson	1620 McCulloh

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

54

(Place of Death.) No. 509 Columbia ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanislav Gabrilatus 9590

{ Residence, if in Baltimore, Give Street and Number. } 509 Columbia ave

Duration of Residence in Baltimore. life time Gabrilatus

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Feb. 3rd 1908

AGE ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Felix Gabrilatus

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Zuzana Stepanawitz

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felix Gabrilatus

(Address) 509 Columbia ave

Filed 2/18 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 17. 1908

I HEREBY CERTIFY, That I attended deceased from Feb 15 1908 to Feb 15 1908 that I last saw her alive on Feb 15 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Anaemia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Flinder M.D.

Address 1119 E. Baltimore st

Date 17 of February 1908

Place of Burial Mount Holy Redeemer

Date Feb 18th 1908

Undertaker Geo Leinbach & Son

Address 647 W Balt st

WM. J. C. DULANY CO., BALTIMORE.

Ward 14 Registered No. D 9597 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1516 Bolton St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rev. George Lewis Staley D.D.

{ Residence, if in Baltimore, Give Street and Number. } 1516 Bolton St.

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 24th 1823

AGE: 84 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Rev. Stephen Staley

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. G. Staley

(Address) 1516 Bolton St

Filed 2/18 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15th 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Feb 15th 1908 that I last saw h.. alive on Feb 14th 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

General exhaustion from senile age

(DURATION) 20 DAYS

Contributory (Primary.) Grippe

(DURATION) 10 DAYS

(Signed) Henry B Thomas M.D.

Address 1007 Eutaw Pl

Date Feb 17th 1908

Place of Burial Loudon Park

Date Feb 18th 1908

Undertaker E. M. Mitchell

Address 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

74.

CERTIFICATE OF DEATH.

(Place of Death.) No. #1604 Walker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria E. Stein

{Residence, if in Baltimore, Give Street and Number.} 1604 Walker St

Duration of Residence in Baltimore. 45 years 19598

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 22 nd 1843

AGE 63 years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Stein

(Address) 1604 Walker

Filed 2/18 1908

HARRY G. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febr. 15, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 24. 1907 to Febr. 14. 1908

that I last saw her alive on Febr. 14. 1908,

and that death occurred, on the date stated above, at 12 05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of the Heart

(DURATION) 10 minutes

Contributory (Primary.) Neurasthenia

(DURATION) 90 DAYS

(Signed) J. J. Lebold M.D.

Address 1001 Lafayette Av.

Date Febr. 16. 1908. 190

Place of Burial Oak Lawn

Date 2/18/08 190

Undertaker J. Kerwin & Son

Address 2008 Orleans St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

13

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Wich

{Residence, if in Baltimore, Give Street and Number.} 1000 D. Curley St. Wich 9599

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 25th 1891

AGE: 16 years, 9 mont's, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John G. Wich

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna M. Reinhardt

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G. Wich

(Address) 3139 Elliott St.

Filed 2/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 14 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 12 1908 to Feb. 14 1908

that I last saw him alive on Feb. 14 1908,

and that death occurred, on the date stated above, at 8.2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

3 hours (DURATION) DAYS

Con'tributory (Primary.) Double lobar pneumonia (DURATION) DAYS

(Signed) Wm D Chmith M.D.

Address St. Joseph's Hosp.

Date Feb. 14 1908

Place of Burial St. Paul's Cem. ✓

Date 2/18/08 190

Undertaker John Ebering & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 807 Harlem Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wallace K. Quandt.

{Residence, if in Baltimore, Give Street and Number.} 807 Harlem Ave.

Duration of Residence in Baltimore. Life 1908

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	white.
DATE OF BIRTH	July 19 1891
AGE	16 years, 6 months, 27 days
SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~	
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Augustus Quandt.
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Camille C. Chatfield
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augustus Quandt

(Address) 1807 Harlem Ave.

Filed 2/18 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2/16 1908

I HEREBY CERTIFY, That I attended deceased from 2/15 1908 to 2/16 1908

that I last saw him alive on 2/16 1908

and that death occurred, on the date stated above, at 3.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

* Concussion of Brain

Accident

Exhaustion (DURATION) DAYS

Con'ributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) L. E. Fontaine M.D.

Address 609 W. Franklin

Date 2/17 1908

Place of Burial Lorraine Cemetery.

Date Feb 18 1908

Undertaker Bertram Bros.

Address 1723 W Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

* Was struck on head by piece of wood while chopping wood. L. E. F.

O.K. C.D.S.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 19 C 9601

Registered No. B C 9601

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 412 Falls Rd, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Orion E. Wamsley

{ Residence, if in Baltimore, Give Street and Number. } 412 Falls Rd.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH May 31 1874

AGE 33 years, 8 months, 17 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Co. Md.

FULL NAME OF FATHER Geo. W. Wamsley

BIRTHPLACE OF FATHER (State or country) Balto Co Md.

MAIDEN NAME OF MOTHER Charity Baldwin

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED Paperhanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theo C. Wamsley

(Address) 412 Falls Rd.

Filed 2/18 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 17 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 18 1908 to Feb 17 1908 that I last saw h[illegible] alive on Feb 17 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dropsy

Heart Failure (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dr Vernon F Kelly M.D.

Address 405 Falls Rd

Date Feb. 17 1908

Place of Burial St Mary's

Date Feb. 19 1908

Undertaker A S Waltkall

Address 3539 Falls Road

Liver Organic Heart disease

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1204 N. Central Ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caspar Krauzer

{ Residence, if in Baltimore, Give Street and Number. } 1204 N. Central Ave. C9602

Duration of Residence in Baltimore. 67 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. 25th. 1826

AGE: 81 years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Geo. Krauzer

(Address) 1204 N. Central Ave.

Filed 2/18 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 15th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 10th 1908 to Feb 15th 1908

that I last saw h~~im~~ alive on Feb 15th 1908,

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Hemiplegia Dextra

(DURATION) 6 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferson Buck M.D.

Address 2844 St. Paul St.

Date Feb. 17th 1908

Place of Burial Holy Redeemer Cemetery

Date February 19th 1908

Undertaker Henry Hoecke & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1

(Place of Death.) No. 722 N. Durham St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Martha Hall

{Residence, if in Baltimore, Give Street and Number.} 722 N. Durham St

C 96 83

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR B

DATE OF BIRTH 1

AGE 4 years, 9 months, X days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/18 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 15 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 4:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (Sudden)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred Carruthers M.D.

Address Corner Mayo

Date Feb 15-08 190

Place of Burial COLLEGE OF P. & S. FEB 17 1908

Date 190

Undertaker Commissioner Health, Per. Wm. E. Woods

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

38

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9604

City of Baltimore, (No. 414 N Calvert St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME (Infant K) Allie Frame John Magoon.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 29 (Month) November (Day) 1907 (Year)

AGE: ..... years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): 414 N Calvert St.

FULL NAME OF FATHER: John Magoon

BIRTHPLACE OF FATHER (State or country): W. Va.

MAIDEN NAME OF MOTHER: Allie Frame

BIRTHPLACE OF MOTHER (State or country): W. Va.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Allie Magoon.

(Address) 414 N Calvert St.

Filed 2/18 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby - 10th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 29 1907 to Feb 10th 1908

that I last saw h... alive on Feb 6th 1908,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Marasmus.

From birth (DURATION) ..... DAYS

Contributory Bronchitis & Otitis media

From birth (DURATION) ..... DAYS

(Signed) T. W. Keown. M. D.

Feb 10 1908 (Address) 1938 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: COLLEGE O[illegible]

DATE OF BURIAL: FEB 17 1908

UNDERTAKER: Commissioner Health, Per. Wm. E. Woos[illegible]

ADDRESS

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

154

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Elizabeth Fenley

{ Residence, if in Baltimore, Give Street and Number. } 540 Mosher St.

Duration of Residence in Baltimore. About 6 years C 960

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white.

DATE OF BIRTH ..... 1 .....

AGE 75 - years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER not known.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary McKenna

(Address) 1628 Allegheny Ave. W. Balto. Md.

Filed 2/18 1908

HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 17 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 11 1908 to Feb. 17 1908

that I last saw her alive on Feb. 15 1908,

and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) ..... DAYS

Con'tributory (Primary.) Senility

(DURATION) ..... DAYS

(Signed) Wm. F. Schmeltz M.D.

Address St. Joseph's Hosp.

Date Feb. 17 1908

Place of Burial New Cathedral Cem.

Date February 19th 1908

Undertaker Robt. Jenkins Sons Co.

Address 600 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B [illegible] 40

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

(Place of Death.) No. 2325 St. Jefferson

Full Name John Keil

{Residence, if in Baltimore, Give Street and Number.} 2325 Jefferson St C 960

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 17 1830

AGE 77 years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Johnsha Miller

(Address) 2325 Jefferson st

Filed 2/18 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 16 1908

I HEREBY CERTIFY, That I attended deceased from Nov 16 1907 to Feb 16 1908

that I last saw h[illegible] alive on [illegible] 14 1908

and that death occurred, on the date stated above, at 8[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate

Cancer of the Stomach

(DURATION) 5 months DA

Contributory (Primary)

(DURATION) DA

(Signed) A. C. Hearn M.

Address 156 Linton Ave

Date Feb. 17 19

Place of Burial Trinity Cemetary

Date Feb 19 08 19

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 527 Hue Auchen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Aloysius Farmer

{ Residence, if in Baltimore, Give Street and Number. } 527 Hue Auchen St.

C4607

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE 3 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Floyd Farmer

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Truitt

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Floyd Farmer

(Address) 527 Hue Auchen St.

Filed 2/18 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 17, 1908.

I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1908, to Feb. 17, 1908, that I last saw h[illegible] alive on Feb. 16, 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia (DURATION) 4 DAYS

Contributory (Primary) Bronchitis (DURATION) 7 DAYS

(Signed) H. Edw. Magruder M.D.

Address 922 Madison Ave.

Date Feb. 17, 1908.

Place of Burial St Peters Cemetery

Date Feby 19th 1908

Undertaker Felix B Pye.

Address 1026 Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

Ward 12 C 9608 Registered No. B

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2 N. Lakewood Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John F. Horrigan

{Residence, if in Baltimore, Give Street and Number.} 2 N. Lakewood Ave. C 9608

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 18 1865

AGE 42 years, 8 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Mark Horrigan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Honorah Loughlan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Real Estate Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Johannah Horrigan

(Address) 2 N. Lakewood Ave.

Filed 2/18 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb- 16- 1908

I HEREBY CERTIFY, That I attended deceased from June 5 1908 to Feb-14 1908 that I last saw him alive on Feb-14 1908, and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Con'tributory (Primary) Apoplexy

(DURATION) DAYS

(Signed) F. J. Powers M.D.

Address 2577 E Preston St

Date Feb- 17- 1908

Place of Burial Cathedral Cemetery

Date Feby. 19" 1908

Undertaker Chas. F. Evans

Address 1184120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

98

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9609

City of Baltimore, (No. 212, E. 24th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel W. Mackey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov (Month) 27 (Day) 1844 (Year)

AGE: 63 years, 2 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED: Married

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER: Richard Mackey

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Emma Baldwin

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: Patentee

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Sarah Mackey

(Address) 212 E. 24th St.

Filed 2/18 1908

HENRY C. ANDREWS
Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Several Months 190 to July 15 1908

that I last saw him alive on July 14 1908,

and that death occurred, on the date stated above, at 7" A. M. The CAUSE OF DEATH was as follows:

Emphysema-
Cardiac Dilatation.

(DURATION) 6 DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Hector W. White M. D.

July 15 1908 (Address) 1100 N. Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loraine Cemetery	July 18 1908
UNDERTAKER	**ADDRESS**
Chas. F. Evans	111 N. Mt. Bway

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 Registered No. B

10

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Virginia B. Howard

{Residence, if in Baltimore, Give Street and Number.} 830 W. Saratoga St. C 9610

Duration of Residence in Baltimore. 15 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH ~~~~~

AGE 55 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Geo W Smith.

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Sarah Yancy

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Howard

(Address) 830 W Saratoga St

Filed 2/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 16th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1908 to Feb 16 1908

that I last saw her alive on Feb 17 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.)

Grippe (DURATION) 4 DAYS

(Signed) W. Cook M.D.

Address 48 S Fulton Ave

Date Feb. 16th 1908

Place of Burial Western Cem

Date Feb 18/1908 190

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 9611 Registered No. B C 9611

179

CERTIFICATE OF DEATH.

(Place of Death.) No. Lombard St E 1100 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chaya Gordon

{ Residence, if in Baltimore, Give Street and Number. } 312 S High Chaya Gordon

Duration of Residence in Baltimore. 13 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Sam Cinchowitz

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Edna L. Kirshbaum

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joe Simon

(Address) 54 S. Howard St

Filed 2/18 190 8

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 17 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sadler M.D.

Address

Date 190

Place of Burial Hebrew Hebrew Rem

Date Feb 19 190

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

14

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1411 Madison Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Lauer

{Residence, if in Baltimore, Give Street and Number.} 1411 Madison Av C9612

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 89 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S Lauer

(Address) 1411 Madison Av

Filed 2/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 17 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1 1908 to Feb 17 1908 that I last saw her alive on Feb 16 1908 and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Arteriosclerosis

(DURATION) — DAYS

Con'tributory (Primary.) Broncho-pneumonia

(DURATION) 3 DAYS

(Signed) Julius Friedenwald M.D.

Address 1013 N Charles

Date Feb 18 1908

Place of Burial Har Sinai Cem

Date Feb 19 1908

Undertaker Dowd & Southerin

Address 923 Madison Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 100 W. Barre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Catherine Sellinger

{ Residence, if in Baltimore, Give Street and Number. } 100 W. Barre St

C 9613

Duration of Residence in Baltimore. 70 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 1 1834

AGE: 73 years, 9 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Wagner

(Address) 100 W. Barre St

Filed 2/18 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 17 1908

I HEREBY CERTIFY, That I attended deceased from Feby 16 1908 to Feby 16 1908

that I last saw her alive on Feby 16 1908,

and that death occurred, on the date stated above, at 10.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure —

Exhaustion —

(DURATION) 1 DAYS

Contributory (Primary.) Acute Bronchitis

(old age) (DURATION) 5 DAYS

(Signed) E. Judson Miller M.D.

Address 2029 W. Baltimore St

Date Feby 17 1908

Place of Burial St Alphonsus

Date Feb 19 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 0 C 9614 Registered No. [illegible]

CERTIFICATE OF DEATH. 11

(Place of Death.) No. 1615 E Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie V Lenhard

{Residence, if in Baltimore, Give Street and Number.} 1615 E Lanvale

C 9614

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: December 11th 1857

AGE: 50 years, 2 months, 5 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H Lenhard

(Address) 1615 E Lanvale st

Filed 2/18 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 16th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 5th 1907 to Feb. 16th 1908

that I last saw h alive on 190

and that death occurred, on the date stated above, at 10.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart Disease

Six months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. W. Simpson M.D.

Address 1626 N. Broadway

Date Feb. 17-08 1908

Place of Burial London Park Cemetary

Date February 19th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 3615 Registered No. B

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 1206 N Caroline st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Laura Jane Ditman

{Residence, if in Baltimore, Give Street and Number.} 1206 N Caroline st C 9615

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 4th 1847

AGE: 60 years, 7 months, 13 days

SINGLE, ~~MARRIED, WIDOWED,~~ OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Thomas M. Ditman

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Maria L Hopkins

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie E Ditman Sister

(Address) 1206 N Caroline st

Filed 2/18 1908

HENRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 17th 1908

I HEREBY CERTIFY, That I attended deceased from About Jany 1902 to Feby 17th 1908

that I last saw her alive on About Feb 13 1908

and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis, Anaemia, Emaciation
Exhaustion

(DURATION) DAYS

Contributory (Primary) Cerebral Hemorrhage

(DURATION) about 1800 DAYS

(Signed) Chas Reynolds M.D.

Address 809 N Charles St

Date Feby 17th 1908

Place of Burial Greenmount Cemetery

Date February 20th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 605 George St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaretl Fick

{ Residence, if in Baltimore, Give Street and Number. } 605 George St

C 9616

Duration of Residence in Baltimore. entire

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: White

DATE OF BIRTH: April 21st 1821

AGE: 87 years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Eichler

(Address) 605 George St

Filed 2/18 1908

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 17 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 7 1908 to Feb 17th 1908

that I last saw her alive on Feb. 17 1908,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Old age and

General weakness (DURATION) DAYS

(Signed) Samuel A. Bain M.D.

Address 619 W. Biddle

Date Feb. 18th 1908

Place of Burial Baltimore Cemetery

Date Feb 19 1908

Undertaker Mrs Andrew Bohdeson

Address 730 Park

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 9617

Registered No. B .....

City of Baltimore, (No. 1603, Covington St.; 24th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Absalom A Reed

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 6 (Month) (Day) 1867 (Year)

AGE: 40 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Frederick Co Md.

FULL NAME OF FATHER: Amos Reed

BIRTHPLACE OF FATHER (State or country): Howard Co Md

MAIDEN NAME OF MOTHER: Francis Grimes

BIRTHPLACE OF MOTHER (State or country): ~

OCCUPATION OF DECEASED: R. R. Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Reed

(Address) 1603 Covington St

Filed 2/18 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 17 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 4 1907 to Feb 17 1908 that I last saw h[illegible] alive on Feb 16 1908, and that death occurred, on the date stated above, at 7.10 a. m. The CAUSE OF DEATH was as follows:

Endocarditis

(DURATION) 378 DAYS

Contributory Exhaustion

(DURATION) 10 DAYS

(Signed) Benj F. Phillips M. D.

Feb 18 1908 (Address) 1929 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Martinsburg W. Va.

DATE OF BURIAL: Feb 20 1908

UNDERTAKER: Edward D Fanning

ADDRESS: 1402 Battery Ave

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

4

(Place of Death.) No. 466 East Cross St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Robert Craggs

C 9618

{ Residence, if in Baltimore, Give Street and Number. } 466 E. Cross St

Duration of Residence in Baltimore. 8 - 7 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH May 15th 1907

AGE ..... years, 9 months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Philadelphia Pa

FULL NAME OF FATHER Henry Bagell Craggs

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Emma May Russel

BIRTHPLACE OF MOTHER (State or country) Philadelphia Pa

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Craggs (Father

(Address) 466 E. Cedar St.

Filed 2/18 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 18th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 4 1908 to Feb. 18 1908 that I last saw him alive on Feb 17 1908, and that death occurred, on the date stated above, at 2:45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) [redacted]

(DURATION) 42 DAYS

(Signed) G F Burton M.D.

Address 222 E. Cross St

Date Feb. 18 1908

Place of Burial Cedar Hill Cemetery

Date Feb 19 1908

Undertaker J. J. M. & Flynn

Address 426 West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 2552 Woodbrook Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Lenzberg

{ Residence, if in Baltimore, Give Street and Number. } 2552 Woodbrook Ave

2619

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 1826

AGE: 82 years, 7 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: David Lenzberg

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sophia Shanider

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cigar Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Lenzberg

(Address) 2552 Woodbrook Ave

Filed 2/18 1908

HARRY C. ANDREWS. PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 17" 1908

I HEREBY CERTIFY, That I attended deceased from Feby 12 1908 to Feby 17 1908

that I last saw h[illegible] alive on Feby 16 1908

and that death occurred, on the date stated above, at 2:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) 5 DAYS

Contributory (Primary) Senility (DURATION) DAYS

(Signed) Thomas J. Talbott M.D.

Address 1701 Eutaw Pl.

Date Feby 18" 1908

Place of Burial Louden Park.

Date Feby 19 1908

Undertaker Jno. Cook Sy[illegible]

Address 16 or 18 N. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

Ward 7

123

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Williamson

{Residence, if in Baltimore, Give Street and Number.} Industrial Home

C9620

Duration of Residence in Baltimore. 2 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S –

BIRTHPLACE (State or country): Scotland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed 2/18 1908

HARRY C. ANDREWS
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 17 1908

I HEREBY CERTIFY, That I attended deceased from Feb 13 1908 to Feb 17 1908

that I last saw h alive on Feb 17 1908

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Perinial Abscess

Cystitis

(DURATION) 6 DAYS

Contributory (Primary.) Sepsis & Exhaustion

(DURATION) — DAYS

(Signed) W H Esler M.D.

Address Balto City Hospital

Date Feb 19 1908

Place of Burial Commonwealth New Hampshire N. H.

Date Feb 19 1908

Undertaker Armstrong Lowry Co

Address 715 Light

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9621 Registered No. B C 9621

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 3042 Boston st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Stefanoski

{ Residence, if in Baltimore, Give Street and Number. } 3042 Boston st.

Duration of Residence in Baltimore. 28 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER William Styanski.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Labor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jg. Stefanoski.

(Address) # 3034 Boston St

Filed 2/18 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 17 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 ..... to — 190 .....

that I last saw him alive on — 190 .....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) ..... DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Thomas Sadler Comer M.D.

Address 320 N Green st.

Date Feby 19th. 1908

Place of Burial St Stanislaus.

Date Wed. Feby 19 1908

Undertaker M. J. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 564 Union St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barbara Kreiner,

{Residence, if in Baltimore, Give Street and Number.} 564 Union St., C 9627

Duration of Residence in Baltimore. 57 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Adam

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Hunder

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Kreiner

(Address) 80 Druid Hill Av

Filed Feb 19 1908

HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16th 1908

I HEREBY CERTIFY, That I attended deceased from July 11th 1908 to July 15 1908

that I last saw h.r alive on July 15 1908

and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac exhaustion and toxemia

(DURATION) 4 DAYS.

Contributory (Primary.) Lobar pneumonia

(DURATION) 6 DAYS.

(Signed) Chas. J. Keller, M.D.

Address 333 W. Lexington St

Date Feb 16th 1908

Place of Burial New Cathedral

Date 2/19 1908

Undertaker Wm J Schilling

Address 95 Bolton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED, WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 9623

City of Baltimore, (No. 303 N. Pine St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. H. Stange

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Stange

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Bartender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Louisa Stange

(Address) 303 N Pine St.

Filed Feb 19" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby (Month) 17th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 28th 1907 to Feby 17th 1908 that I last saw him alive on Feby 16th 1908, and that death occurred, on the date stated above, at 4-05 P. M. The CAUSE OF DEATH was as follows:

Laryngeal & Bronchial Consumption

3 Months (DURATION) DAYS

Contributory —

(DURATION) — DAYS

(Signed) H. W. Webner M. D.

Feb 17th 1908 (Address) 723 W. Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 2/20 1908

UNDERTAKER: Wm J Schilling — ADDRESS: 9 S Poppleton

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

CERTIFICATE OF DEATH.

Registered No. BC 9621

City of Baltimore, (No. 1029 Booth St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice Rise

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Dark

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 2/19/1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 16 (Day) 1908 (Year).

I HEREBY CERTIFY, That I attended deceased from Dec. 25 1907 to Feb - 15 1908 that I last saw her alive on Feb - 15 1908, and that death occurred, on the date stated above, at —— M. The CAUSE OF DEATH was as follows:

Gastritis

about two Mos (DURATION) DAYS

Contributory — (DURATION) DAYS

(Signed) J. Tyler Smith M. D.

Feb 17 1908 (Address) 717 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Feb 19 1908

UNDERTAKER: John H. Toadvin ADDRESS: 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE

Facts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***nty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 9625 Registered No. B 167

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emiline Evans

{Residence, if in Baltimore, Give Street and Number.} 1802 White St

C 9625

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: May. 8th 1870

AGE: 37 years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joshua Hammond

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mariah Henson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Household duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Evans

(Address)

Filed 2/19 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July. 17th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental burns & exhaustion

(DURATION) 11 DAYS

Con'tributory (Primary.) accident

(DURATION) ..... DAYS

(Signed) Chas Bachman M.D.

Address 700 Lg. Ave. (Comm.)

Date July. 17th 1906

Place of Burial Mt. Auburn Cemetery

Date February 19, 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9626 Registered No. B .....

1506

CERTIFICATE OF DEATH.

(Place of Death.) No. 733 Little George St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Helen Palmer

{Residence, if in Baltimore, Give Street and Number.} 733 Little George St.,,

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Feb 16, 1908

AGE: ..... years, ... months, 1/12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): ,,

MAIDEN NAME OF MOTHER: Helen Palmer.

BIRTHPLACE OF MOTHER (State or country): Md.,,

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. E. Schlaffly

(Address) 807 N. Howard St.

Filed 2/19 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 18, 1908.

I HEREBY CERTIFY, That I attended deceased from Feb. 17 1908 to Feb 18 1908 that I last saw h[illegible] alive on Feb 18 1908 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) Failure Closure Foramen Ovale (DURATION) 1/12 DAYS

(Signed) W. W. Brown M.D.

Address Md. Gen. Hosp.

Date Feb 18. 1908

Place of Burial Mt Auburn Cemetery

Date February 19, 1908

Undertaker John H. Toadvine

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9651 Register Number 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1145 Riverside Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frank Smith.

{ Residence, if in Baltimore, Give Street and Number. } 1145 Riverside Ave

Duration of Residence in Baltimore. Life time.

C9627

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 26 1851

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Frank Smith

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Katherine Kathert.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie M Smith

(Address) 1140 Riverside Ave.

Filed 2/19 1908

HARRY D. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 16 th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 25 1908 to Feb. 16th 1908

that I last saw him alive on Feb. 16 1908,

and that death occurred, on the date stated above, at 10 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) ..... DAYS

Con'tributory (Primary) Chronic Interstitial Nephritis — not known (DURATION) ..... DAYS

(Signed) O Kahen Brack M.D.

Address 1412 Light St

Date Feb. 18th 1908

Place of Burial Holy Cross R.C.

Date Thursday Feb 20 A. 1908

Undertaker E Hoark.

Address 105 E Hoff St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 9628 Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jos. C. Sinclair

{Residence, if in Baltimore, Give Street and Number.} 1415 Eutaw Pl. Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 4th 1851

AGE: 56 / 46 years, 9 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto City Md

FULL NAME OF FATHER: Francis H. Sinclair

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Victoria Hinch

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. C. Sinclair

(Address) Elkridge, Md

Filed 2/19 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby. 19th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate.)

Shock to the nervous system

Injuries by fall from roof

while painting.

death in one hour (DURATION) ..... DAYS

Con'ributory (Primary.) Accident

(DURATION) ..... DAYS

(Signed) Brian Boru Dennis M.D.

Address Two Log Av. (County)

Date Feby. 19th 1908

Place of Burial Loudon Park

Date Feb 19th 1908

Undertaker Geo J Smith Co

Address 1600 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 Registered No. B [illegible] 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 728 Cumberland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John B. Blackiston

{Residence, if in Baltimore, Give Street and Number.} 728 Cumberland st C 9679

Duration of Residence in Baltimore. during life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Nov 12 1844

AGE 63 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto City Md

FULL NAME OF FATHER John B Blackiston

BIRTHPLACE OF FATHER (State or country) America

MAIDEN NAME OF MOTHER Catherine —

BIRTHPLACE OF MOTHER (State or country) America

OCCUPATION OF DECEASED Iron Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. J. Blackiston

(Address) 728 Cumberland av

Filed 2/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 17, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 16 1908 to Feb. 17 1908 that I last saw him alive on Feb. 17, 1908 and that death occurred, on the date stated above, at 10-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

Don't Know (DURATION) DAYS

Con'ributory (Primary.) Uremia

(DURATION) a few DAYS

(Signed) John Hamel M.D.

Address 630 N. Gilmor St.

Date February 18, 1908

Place of Burial Western Cemetery

Date Feb. 20th 1908

Undertaker Geo J Smith Co

Address 1000 N. Fayette av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ..... : C 9630 Registered No. B ..... C 9630

CERTIFICATE OF DEATH.

(Place of Death.) No. 529 S Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Duffy

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 18 1908

AGE (one hour) — years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Duffey

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER May E Riley

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Duffey

(Address) 529 S Chester St

Filed 2/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 18, 1908

I HEREBY CERTIFY, That I attended deceased from Feb 18, 1908 to Feb 18, 1908 that I last saw h alive on Feb 18, 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Spasms

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Duffy M.D.

Address 116 S. Chester

Date Feb 18, 1908

Place of Burial Mt Calvary

Date February 19 1908

Undertaker Robert J Turner

Address 442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7 C 3651 Registered No. B [illegible]

1504

CERTIFICATE OF DEATH.

(Place of Death.) No. 15 E Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Herdegen

{ Residence, if in Baltimore, Give Street and Number. } 15 E Hamburg St (1631)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH February 6 1908

AGE [illegible] years, [illegible] months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Joseph Herdegen

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Bauer

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Herdegen (father)

(Address) 15 E Hamburg St

Filed 2/19 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 18 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190,

and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Insufficiency
Non-closure of foramen ovale
C.D.S.

(DURATION) DAYS

Con'tributory (Primary) Premature Birth

(DURATION) DAYS

(Signed) Otto W. Leinhardt M.D.

Address Coroner

Date February 19. 1908

Place of Burial Holy Cross a.g.c.

Date Feb 20th 1908

Undertaker Jos. Stuntebeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C 9632 Registered No. B

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1322 N Carey St., St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Graves "

{ Residence, if in Baltimore, Give Street and Number. } 1322 N Carey St., C 9632

Duration of Residence in Baltimore. Life "

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 90 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) James H Dennis

(Address) 1332 Presstman St

Filed 2/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 18. 1908

I HEREBY CERTIFY, That I attended deceased from Feb 16, 1908 to Feb 18 1908 that I last saw h[illegible] alive on Feb 18 1908, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure "

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 14 DAYS

(Signed) W. W. Brown M.D.

Address Md. Gen. Hosp.

Date Feb. 18, 1908

Place of Burial Mt. Auburn

Date February the 19 1908

Undertaker JAMES H. DENNIS

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 9633 Registered No. 3

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1930 Madison ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia von Sprecklesen Todhunter

{Residence, if in Baltimore, Give Street and Number.} 1930 Madison ave

C 9633

Duration of Residence in Baltimore. 57 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 74 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Hanover Germany

FULL NAME OF FATHER: Stephen von Spreckelson

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Christina von Stefenson

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Chas. H. Ware

(Address) 1930 Madison Ave

Filed 2/19 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febry. 17 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 14 1908 to Feb 17 1908 that I last saw h[er] alive on Feb 17 1908, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma
from Cerebral Congestion
probably hemorrhage

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A C Bobb M.D.

Address 2038 Madison Av

Date Febr 18. 1908

Place of Burial Gr E Emanuel

Date February 19th 1908

Undertaker New Jerusalem Mon Co

Address 2200 E. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 9634

C 9634

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1418, Carroll St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William J. Winans

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Unknown (Month) (Day) (Year)

AGE About 7 mos. years months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Supervisor of City Charities

(Address) City Hall

Filed 2/19 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 17th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Feb 17th 1908

that I last saw him alive on Feb 16th 1908,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Bronchio-pneumonia

(Probably Tuberculous)

(DURATION) 40 DAYS

Contributory Malnutrition

(DURATION) DAYS

(Signed) Francis D. Bonner M. D.

Feb 17th 1908 (Address) 1223 S. Charles St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL St Peters

DATE OF BURIAL Feb 19th 1908

UNDERTAKER John J. Fields

ADDRESS 1200 W. Fombard

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward

Registered No. B

CERTIFICATE OF DEATH.

137

(Place of Death.) No. 1110 Saratoga St

Full Name Flossie Bowyer St.

{ Residence, if in Baltimore, Give Street and Number. } 1110 W. Soratoga St. Baltimore, Md.

Duration of Residence in Baltimore. All her life

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

C9635

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Black

DATE OF BIRTH Nov. 25, 1885

AGE 22 years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) 223 Weber St Balto. Md.

FULL NAME OF FATHER John Bowyer

BIRTHPLACE OF FATHER (State or country) County Howard Co. Md.

MAIDEN NAME OF MOTHER Mrs Bowyer.

BIRTHPLACE OF MOTHER (State or country) Howard Co. Md.

OCCUPATION OF DECEASED House maid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bell Bowyer

(Address) 1110 Saratoga St

Filed Feby 9 1908

Wed

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 16 1908

I HEREBY CERTIFY, That I attended deceased from Feb 6 1908 to Feb 16 1908

that I last saw her alive on Feb. 16 1908

and that death occurred, on the date stated above, at 4.45

I. CAUSE OF DEATH (Secondary or Immediate) Puerperal Infection due to hemorrhage at time of forceps delivery & to surrounding conditions which were very bad.

Contributory (Primary) Eclampsia (DURATION) DAYS

(Signed) Herbert C. Blake M.D.

Address 1014 N. Lafayette Ave

Date Feb. 16 1908

Place of Burial Mt Auburn

Date Feb 20 1908

Undertaker A. J. Feeland

Address 106 N. Schroeder St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever it shall be the duty of the Physician who attended during his or her last sickness, any person deceased, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) **cause and date of death.** And be it further enacted and ordained, That it shall be the duty of the Undertaker, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) **cause and date of death.**

Ward ..... Registered No. B 9636

CERTIFICATE OF DEATH.

(Place of Death.) No. 615 S Bradford St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otto E. Felsch

{Residence, if in Baltimore, Give Street and Number.} 615 S Bradford -

C 9636

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 5th 1867

AGE 41 years, — months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Felsch

(Address) 615 S. Bradford St.

Filed Feb 14 1908

Registrar

Recd

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 15 1908

I HEREBY CERTIFY, That I attended deceased from Jan 31 1908 to Feb. 15 1908

that I last saw him alive on " 15 1908

and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

2 wks (DURATION) DAYS

Contributory (Primary.) Cardiac Paralysis

(DURATION) DAYS

(Signed) C. A. Keen M.D.

Address 619 E Pat Patterson

Date Feb. 15 1908

Place of Burial Western Cemetery.

Date Feb. 19th 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

64

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert J. Bennett

{Residence, if in Baltimore, Give Street and Number.} 1836 Orleans St.

C9637

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 11th 1863

AGE 44 years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) D.C.

FULL NAME OF FATHER John Bennett.

BIRTHPLACE OF FATHER (State or country) V.C.

MAIDEN NAME OF MOTHER Mary Stewart

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1836 Orleans St

Filed Feby 19 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 17 1908

I HEREBY CERTIFY, That I attended deceased from Feb 13 1908 to Feb 17 1908

that I last saw him alive on Feb 17 1908 8.30

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

..... (DURATION) ..... DAYS

Con'ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) W. G. MacCallum M.D.

Address Johns Hopkins Hospital

Date February 17 1908

Place of Burial Baltimore County

Date Feb. 19 1908

Undertaker H. SAUDER & SONS,

Address 1708-1710 Gilmor Avenue
S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH. C 96387

(Place of Death.) No. 813 Hollins St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Scott,

{ Residence, if in Baltimore, Give Street and Number. } 813 Hollins, St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Nellie Scott

(Address) 813 Hollins st

Filed 2/19 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 17, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1908 to Feb. 17, 1908 that I last saw him alive on Feb. 16, 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) All Years

Contributory (Primary.) Don't Know,

(DURATION) ---

(Signed) Albert J. Chambers M.D.

Address 614 E. Pacca St.

Date Feb. 18, 1908

Place of Burial Loudon Park

Date Feb. 20 1908

Undertaker Wm. J. Dickner & Son

Address Camden & Paca Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9639 Registered No. B ..... C 9639

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph N. Crawford

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lemar Hollyday

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 2/19 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 16 - 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 9 1908 to Feb. 16 1908 that I last saw h~~im~~ alive on Feb. 16 1908 and that death occurred, on the date stated above, at 6.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

..... (DURATION) ..... DAYS

Contributory (Primary.) Nephritis

..... (DURATION) ..... DAYS

(Signed) Robt. P. Hall M.D.

Address Bay View

Date Feb. 17 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 18 1908 1908

Undertaker Geo Thompson

Address 1805 Hope St

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

31

WM. J. C. DULANY CO. BALTIMORE.

Ward 3 C 3640 Registered No. B 96

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Adams.

{ Residence, if in Baltimore, Give Street and Number. } 515 N. Front St.

Duration of Residence in Baltimore. 23 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1885 ~~1908~~

AGE 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Chamber Maid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Luella Walter

(Address) 515 N Front St.

Filed 2/19 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 15, 1908.

I HEREBY CERTIFY, That I attended deceased from Jan. 4 1908 to Feb 15 1908

that I last saw h.. alive on Feb. 14 1908,

and that death occurred, on the date stated above, at 12:05 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pyuria

(DURATION) ..... DAYS

Contributory (Primary.) Gangrene of Lung

(DURATION) 14 DAYS

(Signed) W. W. Bowman M.D.

Address Maryland General Hosp.

Date Feb. 17 1908

Place of Burial JOHNS HOPKINS HOSPITAL.

Date FEB 18 1908 190 ....

Undertaker Commissioner Health,
Per. Wm. E. WOODALL.

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

39

Ward 11 C 9641 Registered No. B C 9641

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Johnson

{ Residence, if in Baltimore, Give Street and Number. } Ellicott City, Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1879

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) The Deceased

(Address) Ellicott City Md.

Filed 2/19 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 15 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 12 1908 to Feb 15 1908 that I last saw h[e] alive on Feb 15 1908, and that death occurred, on the date stated above, at 4 a m. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Tuberculosis

One Year. (DURATION) DAYS

(Signed) W. W. Bowen M.D.

Address Md. Gen. Hosp.

Date Feb. 17, 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 18 1908 1908

Commissioner Health,

Undertaker Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

38

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 41 N Carolina St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Weinagen

{Residence, if in Baltimore, Give Street and Number.} 41 N Carolina

C9612

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ....1....

AGE 4 weeks old
.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Ellis Weinagent

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Stern

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellis Weinagent

(Address) 41 N Carolina St

Filed 2/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 19 1908

I HEREBY CERTIFY, That I attended deceased from Feb 17 1908 to Feb 19 1908 that I last saw h[er] alive on Feb 18 1908 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Con'tributory (Primary.) Gastro-enteritis

(DURATION) DAYS

(Signed) C. F. Block M.D.

Address 1523 E Balto

Date Feb 19 1908

Place of Burial Third R. Rosedale

Date Feb 19th 1908

Undertaker Mrs. Lorenz

Address 1620 N. E. Eldridge

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 94

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Davis.

{ Residence, if in Baltimore, Give Street and Number. } 603 Roland Ave. C9643

Duration of Residence in Baltimore. 12 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Feb. 22 1849

AGE: 58 years, 11 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Wilmington N.C.

FULL NAME OF FATHER: Junius Davis

BIRTHPLACE OF FATHER (State or country): Wilmington N.C.

MAIDEN NAME OF MOTHER: Ann Swann

BIRTHPLACE OF MOTHER (State or country): Wilmington N.C.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Davis

(Address) 603 Roland Ave

Filed 2/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 19, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 17 1908 to Feb. 19 1908 that I last saw him alive on Feb. 19 1908, and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Dilatation

3 hours (DURATION) ~~DAYS~~

Con'tributory (Primary.) Fulminus Pleurisy.

(DURATION) 5 DAYS

(Signed) Eugene L. Flanagan M.D.

Address St Joseph's Hospital

Date Feb. 19, 1908

Place of Burial St. Mary's Hampden

Date Friday 21st 1907

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 930 W. Franklin St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis B. Spicknall

{Residence, if in Baltimore, Give Street and Number.} 930 W. Franklin St. C 964

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 22 1822

AGE 85 years, 3 months, 28 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~ Widow

BIRTHPLACE (State or country) Calvert Co. Md.

FULL NAME OF FATHER John Ireland

BIRTHPLACE OF FATHER (State or country) Calvert Co Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. B. Spicknall

(Address) 930 W. Franklin St.

Filed 2/19 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 18th 1908

I HEREBY CERTIFY, That I attended deceased from June 17th 1907 to February 18 1908 that I last saw her alive on February 17 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) Robt. J. Murray, M.D. M.D.

Address 510 N. Fremont Ave

Date February 19th 1908

Place of Burial London Park

Date Feb 20 1908

Undertaker George W. Field

Address 231 N. Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 9645 Registered No. B C 9645

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Carter

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH January 27 1908

AGE ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address) .....

Filed 2/19 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 16 1908

I HEREBY CERTIFY, That I attended deceased from Jan 27 1908 to Feb 16 1908 that I last saw h.— alive on ..... 190..., and that death occurred, on the date stated above, at 8 ..... P. M. CAUSE OF DEATH (Secondary or Immediate.)

Septicaemia,

..... (DURATION) ..... DAYS

Contributory (Primary.) Infection through umbilicus (DURATION) — DAYS

(Signed) E. H. Hayward M.D.

Address 12304 Cornelia

Date 2/17 1908

Place of Burial New Cathedral

Date February 19 190 8

Undertaker Martin Fahey and Son.

Address 616 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 9640 Registered No. B C 9540

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Ling

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asylum.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH January 1 1907

AGE ..... years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) St. Vincents Inf. Asy.

(Address) .....

Filed 2/19 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 17 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Feb 17 1908

that I last saw h.. alive on Feb 16 1908,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. B. Hayward M.D.

Address 1230 N Carrollton Ave

Date 2 - 17 1908

Place of Burial New Cathedral

Date February 19 1908

Undertaker Martin Fahey and Son.

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9647 Registered No. B

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Homeopathic Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Matthew J. Moore

{ Residence, if in Baltimore, Give Street and Number. } 1706 Hilldrop av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: [illegible] 1

AGE: 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Daniel Moore

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie Slinkeman

(Address) 1706 Hilldrop Ave

Filed 2/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 18th 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190

and that death occurred, on the date stated above, at [illegible]

[illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Disease of the Heart

Died suddenly (DURATION) [illegible] DAYS

Con'ributory (Primary.) [illegible]

[illegible] (DURATION) [illegible] DAYS

(Signed) Wm Bond Thom M.D.

Address 700 Log av. (Comp.)

Date Feby. 19th 1908

Place of Burial New Cathedral

Date Feb 19th 1908

Undertaker M Fahey & Sons

Address 610 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C 9648 Registered No.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1335 N. Carey St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emanuel Carroll

{Residence, if in Baltimore, Give Street and Number.} 1335 N. Carey St

Duration of Residence in Baltimore. For life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Mulatto

DATE OF BIRTH: July 1907.

AGE: ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Norman Carroll

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Hattie Sydnes

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Carroll.

(Address) 1335 N. Carey St

Filed 2/19 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 18, 1908.

I HEREBY CERTIFY, That I attended deceased from Feb 6 1908 to Feb. 18 1908

that I last saw him alive on " " 1908,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

(DURATION) 11 DAYS

Contributory (Primary.) Meningitis

(DURATION) 8 DAYS

(Signed) H. D. L. Kelly. M.D.

Address 243 Lanvale Ave.

Date Feb. 19 1908.

Place of Burial Mt Auburn

Date Feb 20 1908

Undertaker Thomas E. Wright

Address 364 N. Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 Registered No. C 3645

CERTIFICATE OF DEATH. 119

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Horace Burrough C 9619

{Residence, if in Baltimore, Give Street and Number.} The Cecil Apartments (Entaw St. near Dolphin)

Duration of Residence in Baltimore

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 2 1844

AGE 64 years, ___ months, ___ days

1405
1849
64

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Phila Pa

FULL NAME OF FATHER Jacob Burrough

BIRTHPLACE OF FATHER (State or country) N J

MAIDEN NAME OF MOTHER Elizabeth Gascoyne

BIRTHPLACE OF MOTHER (State or country) Phila Pa

OCCUPATION OF DECEASED Mfg. Chemist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Burrough

(Address) Cecil Apartments

Filed 2/19 1908 HENRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 18, 1908

I HEREBY CERTIFY, That I attended deceased from Feb 10, 1908 to Feb 18, 1908 that I last saw h[illegible] alive on Feb 18, 1908 and that death occurred, on the date stated above, at 9.11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Intestinal obstruction

(DURATION) 5 DAYS

Contributory (Primary.) Appendicitis & abscess and peritonitis (DURATION) DAYS

(Signed) Peregrine Worth, Jr., M.D.

Address Union Prot. Inf.

Date February 18, 1908

Place of Burial Loudan Park

Date February 20th 1908

Undertaker E Madison Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 9650 Regist

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 17 Weyler St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Edward A Schaffer

{Residence, if in Baltimore, Give Street and Number.} 17 Weyler St

C 9650

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: September 22 1869

AGE: 38 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: William Schaffer

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Annie Frisby

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Brass Finisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Schaffer mother

(Address) 17 Weyler St

Filed 2/19 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 18 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h... alive on ..... 190 .....

and that death occurred, on the date stated above, at 2 P. M.

CAUSE OF DEATH (Secondary or Immediate

Paralysis

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) Otto Weinhardt M.D.

Address Coroner

Date February 18 1908

Place of Burial Cathedral Cemetery

Date Feb. 20 1908

Undertaker Haid and Margaret G. Flynn

Address 420 West St.

W.W. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY O

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C 9651

City of Baltimore, (No. 1648, Abbot St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Severa

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 6 6 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Anton Severa

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Rosarie Protiva

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Severa

(Address) 1320 Eastern Ave.

Filed 2/18 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb (Month) 18 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 16 1908 to Feb. 18 1908 that I last saw him alive on Feb 18 1908, and that death occurred, on the date stated above, at 10 30 A.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis, with a probable history of having been sick about one year

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Thos. F. McCormick M. D.

Feb 19 1908 (Address) 1421 Eastern Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Holy Redeemer | DATE OF BURIAL Feb 20 1908

UNDERTAKER Frank Brach | ADDRESS 704 Ashland Ave

I saw Charles Severa for the first time Sunday morning Feb 16 '08. He was then apparently in the last stage of Pulmonary Tuberculosis

Thos. F. McCormick

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C 9652

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 1411 Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Johannings

{ Residence, if in Baltimore, Give Street and Number. } 1411 Federal "

Duration of Residence in Baltimore. 55 Jrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: July 1 1823

AGE: 84 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Varnisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Svendsen

(Address) 217 S. Pace

Filed 2/19 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 19th 1908

I HEREBY CERTIFY, That I attended deceased from Feby 8th 1908 to Feby 19th 1908

that I last saw him alive on Feby 18th 1908, and that death occurred, on the date stated above, at 4 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. E. Elmer M.D.
Eager & Jr

Address 1401

Date Feby 19th 1908

Place of Burial New Cathedral Cem

Date Feb 21 1908

Undertaker Geo. Svendsen, Son

Address 217 S. Pace

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 9655

CERTIFICATE OF DEATH.

(Place of Death.) No. 1133 S Sharp St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Conroy

{Residence, if in Baltimore, Give Street and Number.} 1133 S Sharp St C 9653

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas J. Conroy

(Address) 1133 S Sharp St

Filed 2/19 1908

HARRY C. INDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 18 1908

I HEREBY CERTIFY, That I attended deceased from Feb 15 1908 to Feb 18 1908

that I last saw h[illegible] alive on Feb 17 1908,

and that death occurred, on the date stated above, at 9 a M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 7 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Harry Goss M.D.

Address 909 Cathedral St

Date Feb 18 1908

Place of Burial Catholic Cem

Date Feby 21st 1908.

Undertaker William Cook

Address 502 E Hamilton Av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B [illegible] 9654

City of Baltimore, (No. 3920 Park Heights Ave., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Alice Hudgins.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ——— (Month) ——— (Day) 1— (Year)

AGE: 37 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Hudgins

(Address) 3920 Park Heights Ave

Filed 2/19 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 19th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 13th 1907 to Feb. 19th 1908 that I last saw h[illegible] alive on Feb. 18th 1908, and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH was as follows:

Chronic Nephritis with Cardiac Complications 6 months (DURATION)

Contributory Uremia (DURATION) 4 DAYS

(Signed) Wilmer Brinton M. D.

Feb. 19th 1908 (Address) Calvert & Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ———

How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Feby 21 1908

UNDERTAKER: Wm. J. Cook

ADDRESS: 502 E. Monument Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 6

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1710 Orleans St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna Pollard

{ Residence, if in Baltimore, Give Street and Number. } 1710 Orleans St

c 9655

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE X years, X months, 56 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Leo Pollard

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mamie Kelly

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mamie Pollard

(Address) 1710 Orleans St

Filed 2/19 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 17 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Coroners Office

Date Feb 17 — 08

Place of Burial Isbury Cem

Date Jan 20th 1908

Undertaker Wm. E. Jackson

Address 1421 Bruddiston St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 1300 Argyle ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and No.)

Full Name Edgar Bailey

{Residence, if in Baltimore, Give Street and Number.} 1300 Argyle ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR colored

DATE OF BIRTH Jan 1st 1902 1

AGE 6 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Joseph Bailey

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Jackson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jakson

(Address) 1300 Argyle ave

Filed 2/20 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 18 1908

I HEREBY CERTIFY, That I attended deceased from Feb 13 1908 to Feb 18 1908

that I last saw him alive on Feb 17 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Con'tributory (Primary) Tuberculous meningitis (DURATION) 6 DAYS

(Signed) Geo E Finch M.D.

Address 847 W Lombard st

Date Feb 18 1908

Place of Burial Mt Olivet

Date FEB 20 1908 1908

Undertaker R I Parkman Co

Address 1213 N Parkwest

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 315 N Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Abraham & Annie Leonard ~~(Not named)~~

{ Residence, if in Baltimore, Give Street and Number. } life

Duration of Residence in Baltimore.

1965

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 18 1908

AGE 12 hours
.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) 315 N Gay St

FULL NAME OF FATHER Abraham Leonard

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Eisenberg

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Leonard

(Address) 315 N Gay St

Filed 2/10 1908

MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 19 1908

I HEREBY CERTIFY, That I attended deceased from Feb 18 1908 to Feb 18 1908

that I last saw h[illegible] alive on Feb 18 1908

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility
in a prematurely
born baby

(DURATION) ..... DAYS

Contributory (Primary) —

(DURATION) ..... DAYS

(Signed) John Gundmund M.D.

Address 1811 E Balto St

Date Feb 19 1908

Place of Burial Philadelphia Rod Rondale

Date Feb 20 1908

Undertaker Chas Lemmon

Address 1620 N Eden St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1626. N. Broadway St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Sarah E. Thomas

{Residence, if in Baltimore, Give Street and Number.} 1626 N Broadway

Duration of Residence in Baltimore. 78 year

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH November 24 1829

AGE 78 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Jacob Main

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary Murry

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. H. Thomas

(Address) 1204 E Hoffman St

Filed 2/20 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 17 1908

I HEREBY CERTIFY, That I attended deceased from Nov 16 1907 to February 17 1908 that I last saw her alive on Feb 17 1908, and that death occurred, on the date stated above, at 11.45 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) 2 DAYS

Contributory (Primary.) Senile Debility Ex Hawation (DURATION) DAYS

(Signed) A. D. Macdonald M.D.

Address 1540 N Broadway

Date Feb 17 1908

Place of Burial Greenmount Cemetery

Date Feby 20th 1908

Undertaker John B. Spence

Address 1325 N Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

CERTIFICATE OF DEATH.

(Place of Death.) No. Univ of Md Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman Seelig

{ Residence, if in Baltimore, Give Street and Number. } Balto. Co. 224 Hickory Ave

Duration of Residence in Baltimore. —

C465

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: — 1

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Scott

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Muller

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cathrine Baker

(Address) 224 Hickory Ave

Filed 2/20 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 19 1908

I HEREBY CERTIFY, That I attended deceased from A Stetson 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull, accidentally falling down Stairs, at Home of Dr Wilkins, Baltimore Co. Feb 19 '08

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A D Gelbert Coroner M.D.

Address 211 W. Lanvale

Date Feb 20 '08

Place of Burial St Mary's, Cem

Date Feb 21 1908 190

Undertaker Wm Leese & Co

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 7. N. High St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Oein

{Residence, if in Baltimore, Give Street and Number.} 7. N. High St.

Duration of Residence in Baltimore. about 10. years

C9660

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femail | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 70 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: David Caplan

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mary Cohen

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Rozenberg

(Address) 211 S Central ave

Filed 2/20 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 20 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 19 1908 to Feb. 19 1908 that I last saw h er alive on Feb. 19 1908, and that death occurred, on the date stated above, at 5 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthma

about 8 years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Friedenwald M.D.

Address 1119. E. Balto. St.

Date Feb 20 1908

Place of Burial Hebrew Friendship Rest

Date Feb. 20, 1908

Undertaker Max Levinson

Address 1620 N. Eden ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 21

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 512 Otterbein St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Loretta Stahl

{Residence, if in Baltimore, Give Street and Number.} 512 Otterbein

Duration of Residence in Baltimore. Life

C 466

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: W. H. Stahl

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Annie X

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Home girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mattiny Mattiny

(Address) 512 Otterbein St

Filed 2/20 1908

HARRY C. ANDREWS, PALMER CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 19 1908

I HEREBY CERTIFY, That I attended deceased from Feb 12 1908 to Feb 18 1908

that I last saw her alive on Feb 18 1908

and that death occurred, on the date stated above, at 5-30 a m. CAUSE OF DEATH (Secondary or Immediate)

Bright's disease

Ident known (DURATION) DAYS

Contributory (Primary) General Oedema and Asthenia (DURATION) 7 DAYS

(Signed) J E Mann M.D.

Address 855 Columbia

Date Feb 19 - C 1908

Place of Burial Western Cemetery

Date Feb 22 1908

Undertaker H. C. Branning

Address 5 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 133 Carroll st

St. (If Deaths occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah A. Hart

{Residence, if in Baltimore, Give Street and Number.} 133 Carroll st

Duration of Residence in Baltimore. Since Annexation

C 9662

125

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 24 1814

AGE: 93 years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Not Known

FULL NAME OF FATHER: Cooper Hart

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Mary Peek

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Invalid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kate Kelly

(Address) 5 Arne Ave

Filed 2/20 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 17 1908

I HEREBY CERTIFY, That I attended deceased from Jan 16 1908 to Feb 17 1908

that I last saw h[illegible] alive on Feb 17 1908,

and that death occurred, on the date stated above, at 8 1/2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cystitis

(DURATION) 40 DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) C B Norman M.D.

Address 3143 Chestnut st

Date Feb 18 1908

Place of Burial St. Mary's

Date Feb 20 1908

Undertaker H. S. Manstall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 Registered No. D...

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Laffey

{Residence, if in Baltimore, Give Street and Number.} 806½ W. Lombard St.

Duration of Residence in Baltimore. Eight months

C 4663

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1857

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. W. Berry.

(Address) Md. General Hospital

Filed 2/20 190 8

HARRY O. ANDREWS
PERMIT CLERK Registrar

WM. J. C. DULANY CO., PRINTERS.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 19, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3 1908 to Feb 19 1908 that I last saw h— alive on Feb 19 1908 and that death occurred, on the date stated above, at 8 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Tuberculosis

6 months (DURATION) DAYS

(Signed) W. W. Berry M.D.

Address Md. Gen. Hosp.

Date Feb. 19 190

Place of Burial New Cathedral

Date Feb - 21 - 190

Undertaker W. M. Gauthier

Address Notte & Linden Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 24 C 9664 Reg.

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 1334 Towson St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaretha Wengert

{ Residence, if in Baltimore, Give Street and Number. } 1334 Towson St.

C 9664

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 15 1822

AGE: 86 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Pilgrim

(Address) 1334 Towson St

Filed 2/20 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 18 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 15 1908 to Feb. 18 1908

that I last saw h[illegible] alive on Feb 18 1908

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Senility (DURATION) ..... DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address 1510 E. Fort Ave

Date Feb. 19 1908

Place of Burial St. Mathews

Date Feb 20 1908

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

Registered No. B

CERTIFICATE OF DEATH. C 9665

(Place of Death.) No. 1134 S

St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Franz Weikert

{Residence, if in Baltimore, Give Street and Number.} 1134 S. Charles St

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 28th 1845

AGE 62 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Franz Weikert

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Sophie Seebo.

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George F. Weikert

(Address) 125 W Clement St

Filed 2/20 1908

HARRY G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 18 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Feb 18 1908

that I last saw him alive on Feb 18 1908

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

1 1/2 months (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. Hammond M.D.

Address 135 Lytle St

Date Feb 18 1908

Place of Burial Loudon Park

Date February 20 1908

Undertaker John J. Devaney

Address 1428 S. Charles

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 9666 Registered No. B C 9666

CERTIFICATE OF DEATH.

97

(Place of Death.) No. St Joseph's Hospital ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John E. Armendt

{ Residence, if in Baltimore, Give Street and Number. } 607 N Bradford St

Duration of Residence in Baltimore. Life

C. 9666

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 74 years, mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Geo. Armendt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Gun. Smith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Smith

(Address) 2201 E. Lafayette Ave

Filed 2/20 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 19, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1908 to Feb. 19 1908

that I last saw h~~im~~ alive on Feb. 19 1908,

and that death occurred, on the date stated above, at 4 o'. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

12 Hours (DURATION) ~~DAYS~~

Con'ributory (Primary.) Bronchial Asthma

(DURATION) 2 YR DAYS

(Signed) Eugene L. Pissagno M.D.

Address St Joseph's Hosp.

Date Feb. 19, 1908.

Place of Burial Balto. Cem

Date 2/21/08 1908

Undertaker J. Henry Sons

Address 1008 Aliceanna St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person attending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 C 9667 Registered No. B.C. 9667

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 2116 Wallbrook Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John A. Connolly

{ Residence, if in Baltimore, Give Street and Number. } 2116 Wallbrook Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Aug - 25 - 1889

AGE: 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John J Connolly

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Corcoran

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara E. Connolly

(Address) 1037 Riverside Ave

Filed 2/20 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Congestion Brain, Lungs & Kidneys. Post Mortem by Dr. Kane died accidently (DURATION) ..... DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette Ave. (Govans)

Date July 19th 1908

Place of Burial New Cathedral Cem

Date Feb 21 1908

Undertaker John J Foley

Address 1232 William

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B ..... C. 9668

CERTIFICATE OF DEATH. 93

(Place of Death.) No. № 803 Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christiana Sim Holliday Clark

{Residence, if in Baltimore, Give Street and Number.} № 803 Park Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 22d 1852

AGE 55 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER N.P. Hayward

BIRTHPLACE OF FATHER (State or country) New Hampshire

MAIDEN NAME OF MOTHER Prudence S. Carnan

BIRTHPLACE OF MOTHER (State or country) Maryland Balto Co

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Frances C Semmes

(Address) № 10 E Eager St

Filed 2/20" 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 19th Febry 1908

I HEREBY CERTIFY, That I attended deceased from Feb 11 1908 to Feb 18th 1908 that I last saw h er alive on Feb 18 1908, and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) ..... DAYS

Contributory (Primary.) Lobar Pneumonia

(DURATION) 7 DAYS

(Signed) A. L. Atkinson M.D.

Address 921 N Charles St.

Date Feb 20th 1908

Place of Burial St Thomas Cemetery Garrison Balto Co Md

Date Feby 21st 1908

Undertaker Henry W Jenkins & Sons Co

Address NW Cor Howard & Madison Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

C 9669 C 9669

Registered No. B

City of Baltimore, (No. 417 W Barre St.; 21 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josiah Payne

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: ... (Month) ... (Day) 1 Year)

AGE: ... years, 13 months, 19 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): md.

FULL NAME OF FATHER: Benjamin Payne

BIRTHPLACE OF FATHER (State or country): md.

MAIDEN NAME OF MOTHER: Florence Jackson

BIRTHPLACE OF MOTHER (State or country): md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin Payne

(Address) 417 W. Barre st

Filed 2/20 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2 — 19 — 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 2—17 1908 to 2—18 1908 that I last saw him alive on 2—18 1908, and that death occurred, on the date stated above, at 7.00 A. M. The CAUSE OF DEATH was as follows:

Broncho — Pneumonia

(DURATION) 4 DAYS

Contributory Prostration

(DURATION) one DAYS

(Signed) L. D. Dyer M. D.

2—19— 1908 (Address) 1116 Argyle ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Feb. 20, 1908

UNDERTAKER John H. Toadvine — ADDRESS 142 Hillsdt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 9670 Registered No. B C 9670

CERTIFICATE OF DEATH. 95

(Place of Death.) No. 1527 Argyle Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Andrew. P. D. Klages

{Residence, if in Baltimore, Give Street and Number.} 1527 Argyle Ave

Duration of Residence in Baltimore. 39 Yrs C.9670

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 26 May 1847

AGE: 60 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Frederick Klages

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Johanna Geffken

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Joerdens

(Address) 217 S. Pooa.

Filed 2/20 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 19 1908

I HEREBY CERTIFY, That I attended deceased from Feby 16 1908 to Feb 19 1908 that I last saw him alive on Feb 19 1908, and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Lungs.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A C Bole M.D.

Address 2038 Madison Av

Date Feb. 19 1908

Place of Burial Lynden Park

Date Feb 22 1908

Undertaker Jos. Joerdens, Son

Address 217 S. Pooa

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 9671

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lora Goldberg

{ Residence, if in Baltimore. Give Street and Number. } 419 N High St

Duration of Residence in Baltimore. 11 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M -

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Sam Shipsco

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ida Siegle

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Berman

(Address) 11 E Albemarle st

Filed 2/20 1908

HARRY C. ANDREWS,
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20 1908

I HEREBY CERTIFY, That I attended deceased from Jan 23 1908 to Feb 20 1908 that I last saw h[illegible] alive on Feb 20 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Septic Pneumonia

(DURATION) 27 DAYS

Con'tributory (Primary.) Exhaustion

~~Spsis~~ - (DURATION) 10 DAYS

(Signed) H H Eshen M.D.

Address Balto City Hospital

Date Feb 20 1908

Place of Burial Greenmount Cemetery

Date Feb 20, 1908

Undertaker Mort Levin

Address 1120 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0

Registered No. 176

CERTIFICATE OF DEATH.

(Place of Death.) No. 1827 E. North Ave

Full Name Jane Klimm St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

{ Residence, if in Baltimore, Give Street and Number. } Balto. Md

Duration of Residence in Baltimore. Since birth C.9672

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Feby 19" 1908

AGE ..... years, ... months, 1 hour old days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER George Klimm

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Jennie Croghan

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mr Geo. Klimm

(Address) 1827 E. North Ave.

Filed Feb. 20 1908

Wm

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 19 1908

I HEREBY CERTIFY, That I attended deceased from Feb 19 1908 to Feb 19 1908

that I last saw h[illegible] alive on Feb 19 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Dysentery

Asphyxia

Contributory (Primary.) ..... (DURATION) Ons 2 DAYS

(Signed) G. G. Ruhl M.D.

Address 2000 E. Balt St

Date Feb 20 1908

Place of Burial St. Vincents Cemetery

Date Feby 20" 1908

Undertaker Chas F. Evans

Address 1184 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the said case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 Registered No. B 9673

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1901 E. Oliver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Zeltmeid

{Residence, if in Baltimore, Give Street and Number.} 1901 E. Oliver St.

Duration of Residence in Baltimore. about 24 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Wm. Hutzler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Sophia Zeltmeid

(Address) 1901 E. Oliver St.

Filed Feb 20 08

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 19th 1908

I HEREBY CERTIFY, That I attended deceased from Jany 3rd 1908 to Feby 19th 1908 that I last saw h[illegible] alive on Feby 19th 1908, and that death occurred, on the date stated above, at 9 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis Catarrh

(DURATION) 47 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fa Holmes M.D.

Address 1809 Eutaw St

Date Feby 19th 1908

Place of Burial Holy Redeemer Cemetery

Date February 22nd 1908

Undertaker Henry Hoeck & Son

Address 120 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1518 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Bockl

{ Residence, if in Baltimore, Give Street and Number. } 1518 E. Eager St.

Duration of Residence in Baltimore. 26 years C.4674

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept. 12 1846

AGE: 61 years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John A. Huber

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna M. Thomsin

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Jacob Bockl

(Address) 1518 E. Eager St.

Filed Feb 20 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 19 1908

I HEREBY CERTIFY, That I attended deceased from 190 to Feb 19 1908

that I last saw h[illegible] alive on Feb 19 1908

and that death occurred, on the date stated above, at 1[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Liver

One Years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm J. Watson M.D.

Address 2128 St Paul

Date Feb 20 1908

Place of Burial Holy Redeemer Cemetery

Date February 22 nd 1908

Undertaker Henry Hoeche Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2642 W. North Ave - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name J. Frederick Kleffman

{Residence, if in Baltimore, Give Street and Number.} 2642 W. North. Ave

Duration of Residence in Baltimore. 15 yrs C. 9675

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 31 1861

AGE 46 years, 10 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) York Pa

FULL NAME OF FATHER Gustavus

BIRTHPLACE OF FATHER (State or country) ~

MAIDEN NAME OF MOTHER ~

BIRTHPLACE OF MOTHER (State or country) ~

OCCUPATION OF DECEASED Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs Mary J. Kleffman

(Address 2642 n north Ave

Filed 2/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 19th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1906 to Feb 19th 1908 that I last saw him alive on Feb 19 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Consumption,

2 yrs, (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) Chas. H. Burbert, M.D.

Address 1100 W. Lafayette Ave

Date Feb. 20th 1908.

Place of Burial St Pauls Luth Cem'y

Date Feb 21 1908

Undertaker Wm A. Robertson

Address 700 Fremont

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9676

Registered No. D .....

City of Baltimore, (No. 875, N. Franklin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Barbara A Connor

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 1 1841
(Month) (Day) Year)

AGE 66 years, 3 months, 19 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. A Connery

(Address) 875 N Franklin

Filed 2/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 20 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 20 1908 to Feby 20 1908 that I last saw h~~er~~ alive on Feby 19 1908, and that death occurred, on the date stated above, at 8 a. M. The CAUSE OF DEATH was as follows:

Cancer neck and throat
(Cancer)

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Thos Dulany Thomas M. D.

2/20 1908 (Address) 6334 Carrollton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Richmond Va — DATE OF BURIAL: Feb 22 1908

UNDERTAKER: Jos B Cook — ADDRESS: 1003 N Bond

Ward 2 Registered No. B 3[illegible]4

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2019 Frederick Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Thomas Miller

{Residence, if in Baltimore, Give Street and Number.} 2019 Frederick Ave

Duration of Residence in Baltimore. Life C 9677

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 7 1882

AGE: 26 years, — months, 13 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Henry Miller

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Margaret Alexander

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Motorman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. N. Miller

(Address) 1912 McHenry

Filed 2/20 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 20 1908

I HEREBY CERTIFY, That I attended deceased from Feby 19 1908 to Feby 20 1908 that I last saw h[illegible] alive on Feby 19 1908 and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.) acute Pneumonia

Phthisis (DURATION) [illegible] DAYS

(Signed) Henry Wahn M.D.

Address Irvington

Date February 20 1908

Place of Burial Mt Olivet Cem

Date Feb 22 1908

Undertaker Jos B Cook

Address 1003 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 9678 Registered No. B C 9678

CERTIFICATE OF DEATH. 66

(Place of Death.) No. 404 E. Pacca St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Carey Southcomb,

{Residence, if in Baltimore, Give Street and Number.} 404 E. Pacca, St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 78 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Capt Thomas Southcomb

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Elizabeth

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Rowe

(Address) 310 S Greene St

Filed 2/20 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 18 1908

I HEREBY CERTIFY, That I attended deceased from Feb 18 1908 to Feb 18 1908

that I last saw h. liv alive on Feb 18 1908

and that death occurred, on the date stated above, at 6.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

A. Hemiplegia

(DURATION) 6 Hours

Contributory (Primary.) old age

(DURATION) Past Years

(Signed) Albert L. Chambers, M.D.

Address 614 E. Pacca St.

Date Feb 19, 1908

Place of Burial Baltimore Cem

Date Feb. 21 1908

Undertaker Jos B. Cook

Address 1003 N Ballo St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 9673 C. 9679 Registered No. B ..... C 9679

CERTIFICATE OF DEATH.

(Place of Death.) No. 2106 Orleans St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Louisa J. Reichel

{ Residence, if in Baltimore, Give Street and Number. } 2106 Orleans St

Duration of Residence in Baltimore. 53 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 12 1841

AGE 66 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mother Reichel

(Address) 2106 Orleans St

Filed 2/20 1908 HENRY C. ANDREAS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 19 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20 1908 to July 19 1908

that I last saw h.. alive on July 18 1908

and that death occurred, on the date stated above, at 5 30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Abdominal Tumor

(DURATION) 31 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) Adolph C Eisenlohr M.D.

Address 2213 Orleans St

Date July 19 1908

Place of Burial Baltimore Cemetery

Date FEB 20 1908 190

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9680 Registered No. B .....

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Haseville

{Residence, if in Baltimore, Give Street and Number.} 426 S Caroline St

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday, Supt

(Address) BAY VIEW ASYL...

Filed 2/20 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 20th. 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 17 1908 to Feb. 20 1908 that I last saw h~~im~~ alive on Feb. 20 1908, and that death occurred, on the date stated above, at 9 ~~9~~ M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis. (DURATION) ..... DAYS

(Signed) Robt. T. Bay M.D.

Address Bay View

Date Feb. 20 1908

Place of Burial Cathedral Cemetery

Date February 21st 1908

Undertaker Felix B Pyse.

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V. C 9681 Registered No. B 6.9681

CERTIFICATE OF DEATH.

(Place of Death) No. 612 Tyson St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Chas. Newton Roberts

Residence, if in Baltimore, Give Street and Number. 612 Tyson St

Duration of Residence in Baltimore. 2 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 17 1879

AGE: 28 years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): St Louis Mo.

FULL NAME OF FATHER: Chas. Baker Roberts

BIRTHPLACE OF FATHER (State or country): Amer.

MAIDEN NAME OF MOTHER: Sallie Robbins

BIRTHPLACE OF MOTHER (State or country): Amer.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Roberts

(Address) 612 Tyson St

Filed Feb 21" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 19 1908

I HEREBY CERTIFY, That I attended deceased from Feb 14 1907 to Feb 19 1908, that I last saw h sin alive on Feb 19 1908, and that death occurred, on the date stated above, at 11.30 P M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(Lack of compensation)

(DURATION) ? DAYS

Contributory (Primary.) Rheumatism

(DURATION) ? DAYS

(Signed) C. A. Colegrove M.D.

Address 435 E. Fort

Date Feb 20 1908

Place of Burial Martinsburg West Va

Date Feb. 20 1908

Undertaker Robt Brooke & Son

Address 1204 W. Balto St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

153

CERTIFICATE OF DEATH.

Registered No. B C 9682

City of Baltimore, (No. 909 Waters cot St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Col-
DATE OF BIRTH	4 weeks (Month) (Day) 1 Year)
AGE	4 weeks ....years, ...months, ...days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore.
FULL NAME OF FATHER	Unknown.
BIRTHPLACE OF FATHER (State or country)	———
MAIDEN NAME OF MOTHER	Annie Williams
BIRTHPLACE OF MOTHER (State or country)	Maryland.
OCCUPATION OF DECEASED	Washerwoman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Williams

(Address) 909 Waters cot.

Filed 2/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 20, 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 18 1908 to Feb. 20, 1908 that I last saw h er alive on Feb. 18 1908, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Inanition

(DURATION) DAYS

Contributory Improper or lack of food -

(DURATION) DAYS

(Signed) E. H. Holbrook, M. D.

2/20. 1908 (Address) 728 N. Carey st.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Catholic Cemetery	Feb. 24 1908
UNDERTAKER	ADDRESS
John H. Toadvine	1142 N. Gilmor

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***nty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 9683 C 9683 90

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name James Mc. Cullen

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	W.

DATE OF BIRTH: 1833

AGE: 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Adams Co. Pa

FULL NAME OF FATHER: James Mc. Cullen

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley Sts

Filed 2/21 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb: 20th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h me alive on Feby 17 190 8,

and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Acute bronchitis

about 1 week (DURATION) DAYS

Contributory (Primary.)

Debility 7 days (DURATION) DAYS

(Signed) F. E. Warner, M.D.

Address 1133 Valley St

Date Feby 20 1908

Place of Burial Holy Cross

Date 21st Feb: 1908

Undertaker Henry C. Wiedefield

Address 914 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C. 1624

13

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katherine Phillips.

{Residence, if in Baltimore, Give Street and Number.} 1602 Guilford Ave.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White.

DATE OF BIRTH: ..... 1.....

AGE: 40 years, — mont's — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md & So. America

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. R. Ball

(Address) 3102 Walbrook Ad.

Filed 2/21 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 20 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 15 1908 to Feb. 20 1908 that I last saw h Er alive on Feb. 20 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac dilatation.

(DURATION) DAYS

Con'tributory (Primary) Lobar pneumonia

fibrinous pericarditi (DURATION) DAYS

(Signed) Wm Schmidt M.D.

Address St. Joseph's Hosp.

Date Feb. 20 1908

Place of Burial Baltimore Cemetery

Date Feb 22 1908

Undertaker Wm Cook

Address 502 E North Ave

Baltimore Cemetery

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

P. Telephone Wolfe 1887 M

A. N. Fisher,

Attorney and Counsellor at Law,

18 East Lexington Street.

Baltimore.

where depositions may be taken

C. 9684

STATE OF MARYLAND, CITY OF BALTIMORE, SS.

I do certify that on this 19th. day of June, 1908, personally appeared before me, Henry L. Lloyd, a Notary Public of the State of Maryland, duly qualified and commissioned, Dr. William Schmitz, and made oath in due form of law that two errors were made in the certificate of the death of Mrs. K. phillips, which occurred at St. Joseph's Hospital, February 20, 1908, saderrors consisting first in giving name of deceased as Katherine Phillips instead of Kathleen Irenea Anne Phillips, second in stating her birth place as Maryland instead of South America.

Wm Dschmitz

Sworn to and subscribed before me on this 19th day of June, 1908.

Henry L. Lloyd

NOTARY PUBLIC.

Ward ..... C 9685 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John N. Seibold

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. —

C. 9685

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt. BAY VIEW ASYLUM

(Address)

Filed 2/21 1908 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 19th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 6. 1907 to Feb. 19 1908 that I last saw h im alive on Feb. 19 1908, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Feb. 20 1908

Place of Burial Holy Redeemer

Date Feb 22 1908

Undertaker Wm Cook

Address 502 E Madison

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 303 S. Caroline St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Prinz

{ Residence, if in Baltimore, Give Street and Number. } 303 S. Caroline St.

Duration of Residence in Baltimore. Life. C. 9686

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: ...1...

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Prinz Sr.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhelmina Prinz.

(Address) 303 S. Caroline St

Filed 2/21 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 19th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 8th 1907 to Feb 19th 1908

that I last saw h[illegible] alive on Feb 18th 1908

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Maurice Rosenau M.D.

Address 1330 E Baltimore St

Date February 19th 1908

Place of Burial Trinity Cemetery

Date Feb 21 1908

Undertaker Wenbook

Address 502 E. Hoffman

WM. J. C. DULANY CO., Baltimore

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9687

City of Baltimore, (No. 1815 Guilford Ave 12th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Ignatius Crump

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	March 10th 1882 (Month) (Day) (Year)
AGE	26 years, 10 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto md
FULL NAME OF FATHER	Thomas William Crump
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Margaret Fitzgerald
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs I M Brown

(Address) 1634 Calhoun St

Filed 2/21 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 20th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 1907 to February 1908

that I last saw him alive on February 20th 1908,

and that death occurred, on the date stated above, at 12.15 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 2 years

Contributory —

(DURATION) DAYS

(Signed) Gustavus C. Lane, Jr. M. D.

Feb. 20th 1908 (Address) 1808 Guilford Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	Feb 22 1908
UNDERTAKER	ADDRESS
Wm Cook	502 E Hart (Ex)

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 9688 Registered No. B C 9688

CERTIFICATE OF DEATH.

174

(Place of Death.) No. 1019. N. Balto St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name E. Key Buchanan

{ Residence, if in Baltimore, Give Street and Number. } 1019. N Balto

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: unknown

AGE: Elks record — 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Justice of Peace

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elks Record

(Address)

Filed 2/21/08

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb - 18 1908

I HEREBY CERTIFY, That I attended deceased from Feb 19 to Feb 19 0

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

accidentally turned on gas jet and was asphixiated by illuminating gas (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Frank James M.D.
Coroners Pus

Address

Date Feb - 19 1908

Place of Burial Druid Ridge

Date Feb 21st 1908

Undertaker G. F. Stafford

Address 723 W Lafayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city of the Physician who attended during his or her last sickness, or the Coroner, when the notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether deceased, and the **cause and date of death.**

Ward 14 C 9689 Registered No. B C 9689

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1424 Vernon alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna Lillian Doyle

{Residence, if in Baltimore, Give Street and Number.} 1424 Vernon Alley

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: March 1897

AGE: 10 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sgle

BIRTHPLACE (State or country): N. Y.

FULL NAME OF FATHER: Charles Doyle

BIRTHPLACE OF FATHER (State or country): N. Y.

MAIDEN NAME OF MOTHER: ~~Georgiana~~ Ella Holliday

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgeanna Bowen

(Address) 1424 Vernon Alley

Filed 2/21 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 19th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Inanition 4 days

Convulsions

(DURATION) 1 DAYS

Con'tributory (Primary.) Accidental fall in ice (DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette Ave. (Coroner)

Date ..... 190 .....

Place of Burial Mt Auburn Cemetery

Date Feby 21 1908

Undertaker Felix B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

136

(Place of Death.) No. 2009 E Lanvale. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Ella J. Dawson

{ Residence, if in Baltimore, Give Street and Number. } 2009 E Lanvale.

Duration of Residence in Baltimore. Lifetime C 1690

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 3 1874

AGE: 34 years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Michael ~~Reidy~~ Raidy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen O'Hara

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo E Dawson.

(Address) 1938 E Lanvale St

Filed 2/21 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 19 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 18 1908 to Feb. 19 1908

that I last saw h[er] alive on Feb 19 1908

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate

Concealed Hemorrhage

(DURATION) — DAYS

Contributory (Primary) Fibromyoma

Rupture of Uterus (DURATION) DAYS

(Signed) Alfred Ellwood M.D.

Address 1706 N Broadway

Date Feb. 19 1908

Place of Burial New Cathedral

Date Feb 22 nd 1908

Undertaker E. J Fanning

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE

Registered No. B 9691

CERTIFICATE OF DEATH.

(Place of Death.) No. 1813 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwd J Carroll

{Residence, if in Baltimore, Give Street and Number.} 1813 E Biddle

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH Feby 25 1859

AGE 48 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER E W Carroll

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER M C Rowan

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Varnisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J Carroll

(Address) 1813 E Biddle

Filed 2/21 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 19 1908

I HEREBY CERTIFY, That I attended deceased from August 1907 to Feby 19 1908 that I last saw him alive on Feby 19 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Gastric Carcinoma (DURATION) DAYS

(Signed) Walter R. White M.D.

Address 1101 N. Broadway

Date February 20th 1908

Place of Burial Mt. Vincent

Date Feby 22 1908

Undertaker Robt J Turner

Address 1742 Bway.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 9692

City of Baltimore, (No. 709 W. Lafayette ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Miss Lucia C. Hammett

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June (Month) 20 (Day) 1848 (Year)

AGE 59 years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) St Marys Co Md

FULL NAME OF FATHER Joseph. T. Hammett

BIRTHPLACE OF FATHER (State or country) St Marys Co Md

MAIDEN NAME OF MOTHER Sophia. T. Lyon

BIRTHPLACE OF MOTHER (State or country) St. Marys Co Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph. T. Hammett

(Address) California P.O St Marys Co

Filed 2/21 1908

HARRY C. ANDREW, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 28 Jan 1908 to 19 Feb 1908

that I last saw h e alive on 19 Feb 1908,

and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

Acute Mania

(DURATION) 23 DAYS

Contributory Duanetion

(DURATION) 23 DAYS

(Signed) C. Fownie Engle M. D.

Feb. 20 1908 (Address) 1007 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Spencers Mtg. St Marys Co | DATE OF BURIAL July 21 1908

UNDERTAKER George J. Smith Co | ADDRESS 1000 W Fayette

So Andrew Edmonds (Consulary)

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 3655

Registered No. B

CERTIFICATE OF DEATH.

108

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Wright

{Residence, if in Baltimore, Give Street and Number.} 2642 York Road, Waverly.

Duration of Residence in Baltimore.

C. 9693

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Thos Wright

BIRTHPLACE OF FATHER (State or country): Md. —

MAIDEN NAME OF MOTHER: Rebecca Lust

BIRTHPLACE OF MOTHER (State or country): Md —

OCCUPATION OF DECEASED: Judge

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter L. Wright

(Address) Centreville Md

Filed 2/22 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 21, 1908

I HEREBY CERTIFY, That I attended deceased from Feb 7, 1908 to Feb 21, 1908

that I last saw him alive on Feb 21, 1908,

and that death occurred, on the date stated above, at 3.27 a. m. CAUSE OF DEATH (Secondary or Immediate)

Intestinal obstruction

(DURATION) DAYS

Contributory (Primary.) Peritonitis

(DURATION) 15 DAYS

(Signed) Peregrine Wroth, Jr., M.D.

Address Union Prot. Inf.

Date February 21, 1908

Place of Burial Centreville Md

Date Feby 21 — 1908

Undertaker E. M. Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 806 Parrish Ale St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Brown

{Residence, if in Baltimore, Give Street and Number.} 806 Parrish Ale

Duration of Residence in Baltimore..... Life C. 9694

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored.

DATE OF BIRTH: Feb 5th, 1908.

AGE: ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. (Parish Ale 806)

FULL NAME OF FATHER: Charlie Brown.

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Stella Eastep.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: /

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estella Brown

(Address) 806 Parrish at

Filed 2/21 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 19th, 1908.

I HEREBY CERTIFY, That I attended deceased from Feb. 5th 1908 to Feb. 19th 1908 that I last saw h— alive on Feb. 18th 1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia, 7 Months Child.

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mod. Ave.

Date 2p 19th 1908.

Place of Burial COLLEGE OF P. & S

Date FEB 20 1908 190

Undertaker Commissioner Health,
Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

41

Registered No. B C 3695

CERTIFICATE OF DEATH.

77

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary R. Davis

{Residence, if in Baltimore, Give Street and Number.} 429 St Paul St.

Duration of Residence in Baltimore. 7

C. 9695

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/21 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 17 1908

I HEREBY CERTIFY, That I attended deceased from Feb 13 1908 to Feb 17 1908

that I last saw h[illegible] alive on Feb 17 1908

and that death occurred, on the date stated above, at 6.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Aortic Insufficiency

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) A. H. Clough M.D.

Address Johns Hopkins Hosp

Date February 19 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 20 1908 190

Undertaker Commissioner Health.

Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

41

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B C 3696

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pauline Lenhan

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infant Asylum

Duration of Residence in Baltimore. Lifetime C. 9696

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Dec 1 1907

AGE ..... years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address)

Filed 2/21 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20, 1908

I HEREBY CERTIFY, That I attended deceased from Dec 29, 1907, to Feb 20 1908

that I last saw her alive on Feb 19, 1908,

and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastro - enteritis.

(DURATION) DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) E. H. Townsend M.D.

Address 1230 N Caroline St,

Date 2/20 1908

Place of Burial Chesh Sholom Helena Cemetery

Date Feb 21 1908

Undertaker Jacob Ahrens & Co

Address 704 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B.....

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 1019 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Norman Minnick

{Residence, if in Baltimore, Give Street and Number.} 1019 N. Washington

Duration of Residence in Baltimore. Life

C. 9697

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W.

DATE OF BIRTH Feb. 5th. 1908

AGE ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER William Minnick

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Bertha Jaudon

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant William Minnick

(Address 1019 N. Washington

Filed 2/20 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 19 - 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 18 1908 to Feb. 19 1908

that I last saw h[illegible] alive on 1908,

and that death occurred, on the date stated above, at 11:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Infantile Convulsion

(DURATION) 1 DAY

Contributory (Primary.) Cardiac Failure (DURATION) DAYS

(Signed) W. J. Ryan M.D.

Address 2008 Ashland

Date 2-19-08 1908

Place of Burial Oak Hill

Date Feb. 21 1908

Undertaker Walter W. Lee

Address 912 Washington St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be e duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate tting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person ceased, and the *cause and date of death*.

Registered No. 5

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Emma Holtz Barre

{Residence, if in Baltimore, Give Street and Number.} 648 W. ~~Barre~~ St

Duration of Residence in Baltimore. Life time C.9698

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 17 1853

AGE 54 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frances A. Toft

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Margaret J. Wingate

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Holtz

(Address) 648 W. Barre st

Filed 2/21 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2-19 1908

I HEREBY CERTIFY, That I attended deceased from 2-6 1908 to 2-19 1908 that I last saw h[illegible] alive on 2-19 1908, and that death occurred, on the date stated above, at 5-45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Suppression of Urine due to non action of Kidney

14 hrs (DURATION) DAYS

Contributory (Primary.) Carcinoma of Kidney (DURATION) 10 DAYS

(Signed) G. N. Billups M.D.

Address University Hospital

Date 2-19 1908

Place of Burial Baltimore Cem

Date February 22 1908

Undertaker W. J. Pickner and Sons

Address 426 W Camden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1.

CERTIFICATE OF DEATH.

Registered No. B C 9699

City of Baltimore, (No. 921 Milton Pl. St.; 18 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thelma E. Chambers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: June 26 1906 (Month) (Day) (Year)

AGE: 1 years, 7 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm. E. Chambers

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Blanche Montgillion

BIRTHPLACE OF MOTHER (State or country): Howard Co. Maryland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Chambers

(Address) 921 Milton Ave

Filed 2/21 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby. 21 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby. 18 1908 to Feby. 21 1908 that I last saw her alive on Feby. 21 1908, and that death occurred, on the date stated above, at 3.40 A. M. The CAUSE OF DEATH was as follows:

Scarlet Fever.

(DURATION) DAYS

Contributory Septicaemia.

(DURATION) 7 DAYS

(Signed) R. A. Warner M. D.

2/21 1908 (Address) 873 W. Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Feby 22 1908

UNDERTAKER: W. J. Sullivan & Son

ADDRESS: Caroline & Lee

10 A. M.

WM. J. C. DULANY CO., BALTIMORE

175

CERTIFICATE OF DEATH.

(Place of Death.) No. 118 S. Strieker St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Helen Edith Thurle

{Residence, if in Baltimore, Give Street and Number.} 118 S. Strieker St

Duration of Residence in Baltimore. Lifetime C 9700

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: Mch 6 1903

AGE: 4 years, 11 months, 14 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Geo H Thurle

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Bertha F Colein

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bertha Thurle

(Address) 118 S Strieker St

Filed 1/21 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 14th 1908 to Feb 20th 1908 that I last saw her alive on Feb 20th 1908 and that death occurred, on the date stated above, at 2:30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 1 DAYS

Contributory (Primary) Pt Pneumonia

Poisoning (DURATION) 2 DAYS

(Signed) Dr B Lyon M.D.

Address 110 S. Fulton Ave

Date Feb 20th 1908

Place of Burial Loudon Park

Date February 22 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

over

Eating Pork, dates, Candy and Mango

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B.....

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 2441 Monnash St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Indiana White

{Residence, if in Baltimore, Give Street and Number.} 2441 Frances St

Duration of Residence in Baltimore. 4 months (1901)

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	July 20 1905
AGE	2 years, - months, - days
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	Widowed
BIRTHPLACE (State or country)	Somerset Co Md
FULL NAME OF FATHER	Richard Wallace
BIRTHPLACE OF FATHER (State or country)	Somerset Co Md
MAIDEN NAME OF MOTHER	Mahala Coven
BIRTHPLACE OF MOTHER (State or country)	Pennsylvania
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar J Mister

(Address) 2441 Frances St

Filed 2/21 1908

HARRY O. ANDREWS
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1908

I HEREBY CERTIFY, That I attended deceased from Jan 4 1908 to July 20 1908 that I last saw h~~er~~ alive on July 20 1908 and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. A. Melenni M.D.

Address 1303 W Lombard

Date July 20 1908

Place of Burial James Quarter, Somerset Co Md

Date Feb 21 1908

Undertaker Jos B Cook

Address 100 3 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B .....

C 9702

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 1922 Wilhelm St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jaimie Barry

{ Residence, if in Baltimore, Give Street and Number. } 1922 Wilhelm St

Duration of Residence in Baltimore. Life C. 9702

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1859

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltomd

FULL NAME OF FATHER: Geo. Staylor.

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): not known.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Campbell

(Address) 1922 Wilhelm St

Filed 2/21 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 19, 1908

I HEREBY CERTIFY, That I attended deceased from Jany 3 1908 to Feb 19 1908 that I last saw her alive on Feb 18 1908, and that death occurred, on the date stated above, at 3.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Rheumatic Endocarditis

(DURATION) 7 DAYS

Contributory (Primary.) Rheumatic Sciatica (DURATION) 39 DAYS

(Signed) M A O'Neill M.D.

Address 1315 Hollins

Date Feb. 19 1908

Place of Burial A. Vincents

Date Feb 22nd 1908

Undertaker John F Gowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

99

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9703

City of Baltimore, (No. 1018, N. Wolfe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Abbie Cromwell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 45 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Henry Sagger

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Cromwell

(Address) 1018 N. Wolfe St

Filed 2/21 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 5 1908 to Feb 19 1908 that I last saw h.e alive on Feb 17 1908, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Cardiac Paralysis

(DURATION) DAYS

Contributory Bronchitis

~~(DURATION)~~ several weeks DAYS

(Signed) Walter M. Mills M. D.

Feb 20 1908 (Address) 1101 N. Bivans

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Leisure Serenity	Feb 22 1908
UNDERTAKER	**ADDRESS**
R A Elliott	506 Rogers

Ward 6 Registered No. B 5764

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 411 N Register St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christiana Brown

{Residence, if in Baltimore, Give Street and Number.} 411 N Register St

Duration of Residence in Baltimore. Life time 6 9/10 of

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 50 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Parker

(Address) 304 N Bond St.

Filed 2/21 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18. 1908

I HEREBY CERTIFY, That I attended deceased from Jan 7 1908 to July 18 1908

that I last saw her alive on July 17 1908

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tubar Pneumonia

(DURATION) 42 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 8 DAYS

(Signed) Adolph C Elsenberg M.D.

Address 2213 Orleans St

Date July 19 1908

Place of Burial Laurel

Date February 21 1908

Undertaker R F Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1241 Mulberry St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary L. E. Braxton

{Residence, if in Baltimore, Give Street and Number.} 1241 Mulberry St

Duration of Residence in Baltimore. 40 years C 9703

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Pratt

(Address) 1241 Mulberry St

Filed 2/21 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 19 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 4 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

Sudden

(DURATION) ... DAYS

Contributory (Primary)

(DURATION) ... DAYS

(Signed) Gregg Cantherne M.D.

Address Coroners Office

Date Feb 19 — 08 1908

Place of Burial Cambridge Md

Date February 21 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B.....

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Wojtowitch

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Lifetime C. 9706

PERSONAL AND STATISTICAL PARTICULARS

SEX W. | COLOR W.

DATE OF BIRTH October 19 1901

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address)

Filed 2/21 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 19 1908

I HEREBY CERTIFY, That I attended deceased from January 16 1908 to Feb 19 1908 that I last saw him alive on Feb 18 1908, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline

Date 2-19 1908

Place of Burial New Cathedral

Date February 21 1908

Undertaker Martin Fahey and Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Registered No. B.....

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Neal

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Lifetime C 9707

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX F. COLOR W	DATE OF DEATH Feb 18 1908
DATE OF BIRTH Dec. 16 1905	I HEREBY CERTIFY, That I attended deceased from Jan 16 1908 to Feb 18 1908
AGE ..... years, 2 months, 2 days	that I last saw h.. alive on Feb 17 1908,
SINGLE, MARRIED, WIDOWED, OR DIVORCED —	and that death occurred, on the date stated above, at 8 a M.
BIRTHPLACE (State or country) Balto.	CAUSE OF DEATH (Secondary or Immediate)
FULL NAME OF FATHER —	Marasmus
BIRTHPLACE OF FATHER (State or country) —	(DURATION) ..... DAYS
MAIDEN NAME OF MOTHER —	Con ributory (Primary.)
BIRTHPLACE OF MOTHER (State or country) —	(DURATION) ..... DAYS
OCCUPATION OF DECEASED	(Signed) E. H. Hayward M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address 1232 Cathedral
(informant) St. Vincents Inf. Asy.	Date 2-18 1908
(Address)	Place of Burial New Cathedral
Filed 2/21 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar	Date February 21 1908
	Undertaker Martin Fahey and Son.
	Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

C 3708

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Paul Thomasson

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asy.

Duration of Residence in Baltimore. Lifetime. C. 9708

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W.
DATE OF BIRTH	December 6 1908
AGE	..... years, 2 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 2/21 1908

HARRY C. ANDRETS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 18 1908

I HEREBY CERTIFY, That I attended deceased from January 16 1908 to Feb. 19 1908 that I last saw h alive on Feb. 18 1908, and that death occurred, on the date stated above, at 7 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E K Hayward M.D.

Address 1230 N Caroline

Date 2-19 1908

Place of Burial New Cathedral

Date February 21 1908

Undertaker Martin Gahy'ng Son

Address 616 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 903 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Rhodes

{Residence, if in Baltimore, Give Street and Number.} 903 Hanover st

Duration of Residence in Baltimore. Life. C 9709

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 13 1831

AGE 76 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Jory

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Eliza Buckingham

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs W George

(Address) 903 Hanover St

Filed 2/21 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Feb 20 1908

that I last saw her alive on Feb 20 1908

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Catarrhal Pneumonia

Senile debility

2 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. H. Hammond M.D.

Address 830 Park Ave

Date Feb 20 1908

Place of Burial Loudon Park Cemetery

Date Feb 22 1908

Undertaker F A Krause Bro

Address 703 Hanover St

WM. J. C. DULANY CO., Baltimore.

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 802 S Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ollie B. Mundy C.

{ Residence, if in Baltimore, Give Street and Number. } 802 S. Eutaw St

Duration of Residence in Baltimore. Life C. 9710

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Colored.
DATE OF BIRTH	November 22 1907.
AGE	— years, 2 months, 29 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	George Mundy C.
BIRTHPLACE OF FATHER (State or country)	Taylors Island Md.
MAIDEN NAME OF MOTHER	Clara Bishop C.
BIRTHPLACE OF MOTHER (State or country)	Cambridge Md.
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Mundy Mother

(Address) 802 S Eutaw St

Filed 2/21 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 20 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-pneumonia

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Eisenhardt M.

Coroner

Address

Date February 20 1908

Place of Burial Mt. Auburn

Date Feb 21, 1908

Undertaker John H. Toadvine

Address 142 Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 9 Registered No. B [illegible]

CERTIFICATE OF DEATH.

18

(Place of Death.) No. 706 E 21st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adrian Arinor Gordon

{Residence, if in Baltimore, Give Street and Number.} 706 E 21st St

Duration of Residence in Baltimore. Life 9 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH Sept 13 1898

AGE 9 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Dallas

FULL NAME OF FATHER Chas L Gordon

BIRTHPLACE OF FATHER (State or country) Cincinnati Ohio

MAIDEN NAME OF MOTHER Mary A Hatton

BIRTHPLACE OF MOTHER (State or country) Dallas

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Chas L Gordon

(Address) 706 E 21st St.

Filed 2/21 1908

HARRY C. ANDR[illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 20 1908

I HEREBY CERTIFY, That I attended deceased from Feby 10th 1908 to Feby 20th 1908

that I last saw him alive on Feby 20th 1908,

and that death occurred, on the date stated above, at 2 o'clock P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion Syncope

(DURATION) 12 hours DAYS

Con'tributory (Primary) Endocarditis

(DURATION) 13 weeks DAYS

(Signed) William Pillsbury M.D.

Address 801 Cooke Road

Date Feby 21st 1908

Place of Burial Holy Cross

Date Feby 22 1908

Undertaker Robt Rymer

Address 1472 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

88

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9712

City of Baltimore, (No. 1904 Marshall St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Pauline Gunther

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: July (Month) 20th (Day) 1906 (Year)

AGE: 1 years, 5 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Emil P. Gunther

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katy Diener

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emil P. Gunther Father

(Address) 1904 Marshall St

Filed 2/21 1908 HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 20th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 19 1908 to Feb 20 1908 that I last saw h[illegible] alive on Feb 20 1908, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

* Miliary Asthma - Spasms of the Glotis

(DURATION) Two DAYS

Contributory a Sequale of Grippe

(DURATION) DAYS

(Signed) W L Morgan M. D.

Feb 21 1908 (Address) 202 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery | DATE OF BURIAL: Feb 22 1908

UNDERTAKER: Jos Stuntebeck | ADDRESS: 1318 Light St

* Miliary Disease

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B C 9713

City of Baltimore, (No. 1623 N. Fulton ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harriet L. Tilson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 27 1828 (Month) (Day) (Year)

AGE: 79 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Jacob Mull

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Eliza Morehouse

BIRTHPLACE OF MOTHER (State or country): Connecticut

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Mayer

(Address) 1508 N. Mulberry

Filed 2/21 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 21st 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1908 to Feb 21 1908 that I last saw h er alive on Feb 20 1908, and that death occurred, on the date stated above, at 6 A M. The CAUSE OF DEATH was as follows:

old age

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Blanden Townsend M. D.

2/21 1908 (Address) 1655 Fulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Feb 23 1908

UNDERTAKER: George J. Smith Co

ADDRESS: 1000 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 2911 O Donnell St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George J. Streckfus

{Residence, if in Baltimore, Give Street and Number.} 2911 O Donnell St.

Duration of Residence in Baltimore. Life

O. 9714

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 3rd 1884

AGE: 73 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: don't Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: don't Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Coal Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Streckfus

(Address) 2911 O Donnell St

Filed 2/21 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 19th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 30 1906 to Feb. 19 1908 that I last saw him alive on Feb. 18 1908 and that death occurred, on the date stated above, at 9.35 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis (DURATION) 18 Mos. DAYS.

Con'tributory (Primary.)

Uremia (DURATION) 4 DAYS.

(Signed) M. McAvoy M.D.

Address 839 S. Caton Ave

Date Feb. 20th 1908

Place of Burial New Cathedral Cemetery

Date February 22nd 1908

Undertaker Germanus France

Address Bank and Wolfe St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eight teen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 909 Homewood ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret M. Duffey

{Residence, if in Baltimore, Give Street and Number.} 909 Homewood ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 27 1881

AGE 26 years, 11 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Francis M Mackin

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Catherine Dailey

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Charles Duffey husband

(Address) 909 Homewood ave

Filed 2/21 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 20 1908

I HEREBY CERTIFY, That I attended deceased from Feb 15 1908 to Feb 20 1908 that I last saw her alive on Feb 20 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia - cerebral embolism

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D. W. Cleveland M.D.

Address The Johns Hopkins Hospital

Date February 20 1908

Place of Burial Holy Cross

Date Feb 22 1908

Undertaker Wm. J. Schaeffer & Sons

Address 8. South Fremont st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 309 S Bruce St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gizzie A. Walker

{ Residence, if in Baltimore, Give Street and Number. } 309 S. Bruce

Duration of Residence in Baltimore. Life Time C. 9716

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	white

DATE OF BIRTH Feb 1 1902

AGE ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm. Walker

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Kate Colclo

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Welker

(Address) 309 S Bruce St

Filed 2/21 1908

HARRY O. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20 1908

I HEREBY CERTIFY, That I attended deceased from Feb 16 1908 to Feb 20 1908

that I last saw her alive on Feb 20 1908

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

(DURATION) 20 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Walter A Coe M.D.

Address 548 S. Fulton Ave

Date Feb 20 1908

Place of Burial Loudon Park Cem.

Date Feb. 21st. 1908

Undertaker Robt Brooks & Son

Address Calhoun & Hollins Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2946 Clifton St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Lou Nolley

{ Residence, if in Baltimore, Give Street and Number. } 2946 Clifton

Duration of Residence in Baltimore. 12 days C.9117

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 7 1908

AGE — years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm Nolley

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary C. Burch

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Nolley

(Address) 2946 Clifton ave

Filed 2/21 1908 BARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21 1908

I HEREBY CERTIFY, That I attended deceased from Feb 16 1908 to Feb 21 1908 that I last saw h— alive on Feb 21 1908, and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis Broncho

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W B. Burch M.D.

Address 1631 Carrollton ave

Date Feb 21 1908

Place of Burial Cathedral Cemetery

Date Feb 22 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

56

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Sebastian Philips

{ *Residence, if in Baltimore, Give Street and Number.* } 1644 Wolfe St.

Duration of Residence in Baltimore.

C. 9778

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	W
DATE OF BIRTH	August 20 1863
AGE	44 years, 7 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	John Philips
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Amanda Dant
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Glass Blower Emanuel Philips

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Phillips

(Address) 1644 N Wolfe

Filed Feb 22 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 19 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 17 1908 to Feb. 19 1908 that I last saw h[im] alive on Feb. 19 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion —

(DURATION) DAYS

Con'tributory (Primary.) Delirium

Pneumonia (DURATION) 6 DAYS

(Signed) Con Schmitz M.D.

Address St. Joseph's Hosp.

Date Feb. 19 — 1908

Place of Burial Holy Redeemer

Date February 22 1908

Undertaker Wendell Diffenderffer

Address 37 S Arm

WM. J. C. DULANY CO., Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9

CERTIFICATE OF DEATH.

C 9719

Registered No. B .....

City of Baltimore, (No. 249 Loudon Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leo Joseph Stromberg

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 3 — 1899
(Month) (Day) (Year)

AGE 8 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore —

FULL NAME OF FATHER Jno. W. Stromberg

BIRTHPLACE OF FATHER (State or country) Howard C Md

MAIDEN NAME OF MOTHER Margaret Schroeder

BIRTHPLACE OF MOTHER (State or country) Balto Md —

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Stromberg

(Address) 249 Loudon ave:

Filed Feb 22" 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21 — 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 20 1908 to Feb 21 1908

that I last saw h.. alive on Feb 21 1908,

and that death occurred, on the date stated above, at 12 m. The CAUSE OF DEATH was as follows:

Exhaustion

3-4 hours (DURATION)

Contributory Laryngeal Diphtheria (DURATION) 2 DAYS

(Signed) Geo. W. Mahle M.D.

2/21 1908 (Address) 1913 W Fay Ct

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL New Cathedral

DATE OF BURIAL Feb: 22 1908

UNDERTAKER C. W. Dill

ADDRESS 810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE.

Funeral at 1 P.M. Feb 22/8

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 707 Druid St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie Johnson

{Residence, if in Baltimore, Give Street and Number.} 707 Druid St

Duration of Residence in Baltimore. life C.972

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 41 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balt. Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) friend

(Address) 707 Druid

Filed 2/22 1908 HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20, 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to — 190, that I last saw h alive on — 190, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease.

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. H. Hawkins M.D. Coroner

Address 1267 Carolina

Date Feb. 21, 1908.

Place of Burial Samuel [illegible]

Date Feb. 23 1908

Undertaker R. A. Elliott

Address 606 Rogers

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

17

(Place of Death.) No. 220 Rogers ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henrietta Nora

{Residence, if in Baltimore, Give Street and Number.} 220 Rogers ave

Duration of Residence in Baltimore. Life C. 9182/

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH ——— 1883

AGE 25 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John Nora

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Sallie Woods.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Gibson

(Address) 220 Rogers ave

Filed 2/22 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21st 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15th 1907 to Feb 21st 1908 that I last saw her alive on Feb 17th 1908, and that death occurred, on the date stated above, at 12.40 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Phthisis (DURATION) ——— DAYS

Contributory (Primary.) was previous in Bayview Hospital (DURATION) ——— DAYS

(Signed) F. B. Linthicum M.D.

Address 1313 W. Baltimore ave

Date Feb 21st 1908

Place of Burial Mt Zion

Date Feb. 24 1908

Undertaker R. A. Elliott

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

79

(Place of Death.) No. ~~1433~~ 1413 McElderry St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Martha Curry

{ Residence, if in Baltimore, Give Street and Number. } 1413 McElderry St

Duration of Residence in Baltimore. 45 years C 4/22

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	B
DATE OF BIRTH	1
AGE	68 years, months, days
~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~	
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kendall Curry

(Address) 1413 McElderry

Filed 2/22 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 12.10 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Camalier M.D.

Address Coroners Office

Date Feb. 21 — 08 190

Place of Burial Laurel Cem

Date Feb 23 190 8

Undertaker R A Elliott

Address 506 Roy st

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 9723 Registered No. B 131

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Della Wood

{Residence, if in Baltimore, Give Street and Number.} 109 Chestnut St Sefe C-9723

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col.

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt BAY VIEW ASYLUM

(Address)

Filed 2/22 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 19th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 28 1908 to Feb. 19 1908 that I last saw h-er alive on Feb. 19 1908, and that death occurred, on the date stated above, at 2.0 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Ovarian Cyst.

(DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Feb. 20 1908

Place of Burial Lauel Cem

Date Feb 22 1908

Undertaker R A Elliott

Address 506 Rogers Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 512 E Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas B Ward

{ Residence, if in Baltimore, Give Street and Number. } 512 E Eager

Duration of Residence in Baltimore. Life Time C. 9724

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH Nov 1 1868	
AGE 39 years, 3 months, 20 days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country) Baltimore	
FULL NAME OF FATHER John Ward	
BIRTHPLACE OF FATHER (State or country) Ireland	
MAIDEN NAME OF MOTHER Mary Campbell	
BIRTHPLACE OF MOTHER (State or country) Ireland	
OCCUPATION OF DECEASED Molder	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 512 E. Eager St

Filed 2/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1908

I HEREBY CERTIFY, That I attended deceased from about 1st Jany 1908 to 20th July 1908

that I last saw h[illegible] alive on 18th July 1908,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dropsy Exhaustion

(DURATION) DAYS

Contributory (Primary) Bright's Disease

(DURATION) 30 DAYS

(Signed) Geo. B. Reynolds M.D.

Address 809 N Charles

Date July 21st 1908

Place of Burial Cathedral

Date Feb 24 — 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 9725 Registered No. B C 9725

CERTIFICATE OF DEATH.

44

(Place of Death.) No. 1514 N. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet A. Reed

{ Residence, if in Baltimore, Give Street and Number. } 1514 N. Franklin st

Duration of Residence in Baltimore. 4 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug 28 1837

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Reed

(Address) 913 N. Monta ave

Filed 2/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH FEB 21 1908 190

I HEREBY CERTIFY, That I attended deceased from May 8 1908 to Feb 20 1908

that I last saw h alive on Feb 20 1908,

and that death occurred, on the date stated above, at 10 45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Face

Marked (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) H. L. Gorsuch M.D.

Address 172 E Davis St.

Date FEB 21 1908 190

Place of Burial Lorraine Cemetery

Date FEB 23 1908 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 736 Pfeffers Goulds Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Burke

{ Residence, if in Baltimore, Give Street and Number. } 736 Pfeffers Goulds Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Don't know
AGE	65 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	Don't know
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	Don't know
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Denny (Undertaker)

(Address) Light & Montgomery Sts

Filed 2/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Found dead February 19 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Bright's Disease

..... (DURATION) ..... DAYS

Con'ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Geo. McLouinsdale M.D.

Address Coroner

Date February 22 1908

Place of Burial CEDAR HILL.

Date FEB 24 1908 190 ....

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H. Perry

{ Residence, if in Baltimore, Give Street and Number. } 816 Mulberry Court

Duration of Residence in Baltimore. Unknown C. 9721

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) BAY VIEW ASYLUM

Filed 2/22 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 19 1908

I HEREBY CERTIFY, That I attended deceased from Feby 12 1908 to Feby 19th 1908 that I last saw him alive on Feby 19 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia & Senility

(DURATION) 7 DAYS

Contributory (Primary.) Senility,

Hypostatic Pneumonia (DURATION) 4 DAYS

(Signed) C. H. Phillips M.D.

Address Bayview Hospital

Date Feb. 19 - 1908 1908

Place of Burial Patapsco

Date Feb 23 1908

Undertaker H. H. Harper

Address 609 Little Pacca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

79

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Cruett, Jr.

{ Residence, if in Baltimore, Give Street and Number. } 1126 Mosher C. 9728

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	white

DATE OF BIRTH Aug 29 1893

AGE 14 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Roland B Cruett

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Mary L Brittain

BIRTHPLACE OF MOTHER (State or country) Baltimore md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles L Brittain

(Address) 1126 Mosher St

Filed 2/22 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21 1908

I HEREBY CERTIFY, That I attended deceased from Feb 15 1908 to Feb 21 1908 that I last saw h in alive on Feb 21 1908, and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Pericarditis, subacute

Pneumonia (DURATION) DAYS

(Signed) I. H. Levy M.D.

Address Univ. Hospo

Date Feb. 21 & 1908

Place of Burial Lorraine Cemetery

Date Feb. 23rd 1908

Undertaker Edw. I Fanning

Address 1938 E. Lafayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Convent of the Mission Helpers of the Sacred Heart St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sister M. Magdalen O'Hanlon

{ Residence, if in Baltimore, Give Street and Number. } Convent of the Mission Helpers, 716 W. Biddle St.

C. 9129

Duration of Residence in Baltimore. Three years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	August 10 1860
AGE	47 years, 6 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Brooklyn N. Y.
FULL NAME OF FATHER	Patrick O'Hanlon
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Chinery
BIRTHPLACE OF MOTHER (State or country)	England
OCCUPATION OF DECEASED	Religious

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother M. Demetria

(Address) 716 W. Biddle St.

Filed 2/22 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1908

I HEREBY CERTIFY, That I attended deceased from April 7 1907 to July 21 1908

that I last saw h alive on July 20 1908,

and that death occurred, on the date stated above, at 12 30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Charles A. Dorsan M.D.

Address 10 E. Read St

Date July 21 1908

Place of Burial New Cathedral

Date Feby 22nd 1908

Undertaker Geo. Jenkins Son & Co.

Address 300 N. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47

CERTIFICATE OF DEATH.

Registered No. B C 9730

City of Baltimore, (No. 609, Cathedral St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Virginia Dural Atkinson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Sept (Month) 26th (Day) 1846 (Year)

AGE: 62 years, 6 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James E. Dural

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Rebecca Kemp

BIRTHPLACE OF MOTHER (State or country): Frederick Co Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. E. Atkinson

(Address) 921 N Charles St

Filed 2/22 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.
WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 20 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to Feby 20 1908

that I last saw her alive on Feby 20 1908,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Carcinoma Uteri

Hemo (DURATION) DAYS

Contributory Exhaustion (DURATION) 14 DAYS

(Signed) J. McSherry M. D.

Feby 21 1908 (Address) 1069 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Ennon

DATE OF BURIAL: Feb 23rd 1908

UNDERTAKER: Wm J. Jenkins Son & Co

ADDRESS: 300 W Madison

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same shall be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH. 120

Place of Death.) No. 534 N Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julius G Miller

{ Residence, if in Baltimore, Give Street and Number. } 534 N Gilmor St

Duration of Residence in Baltimore. 35 years C. 9/13/1

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ~ 1839

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Va —

FULL NAME OF FATHER: Larkin Miller

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Churchly Davis

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas C. Drain

(Address) 534 N. Gilmore St.

Filed 2/22 1908

HARRY C. ANDRE Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 20 1908

I HEREBY CERTIFY, That I attended deceased from January 1st 1906 to Feby 20 1908 that I last saw him alive on Feby 20 1908, and that death occurred, on the date stated above, at 6a

A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 4 DAYS

Contributory (Primary) Bright's disease of Kidneys. (DURATION) 2 1/2 YEARS

(Signed) James Bosley M.D.

Address 1701 Hollins St

Date Feby 21 1908

Place of Burial London Park Cemetery

Date Feby 22 1908

Undertaker E. W. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker superintending the burial, a certificate th, as far as the same can be ascertained, the full (or single) of the person

C 9732 Registered No. B .....

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 842 Konig St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. J. Bobbitt

{Residence, if in Baltimore, Give Street and Number.} 842 Konig St.

Duration of Residence in Baltimore. 22 yrs

C. 9732

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH Dec 28 1853

AGE 54 years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) NC

FULL NAME OF FATHER Rufus L Bobbitt

BIRTHPLACE OF FATHER (State or country) NC

MAIDEN NAME OF MOTHER Mary E Compton

BIRTHPLACE OF MOTHER (State or country) NC

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E J Bobbitt

(Address) 842 Konig St

Filed 2/22 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6

I. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Chas. L. Chatterton M.D.

Address 1814 Chas. St Coroner

Date Feb 22 1908

Place of Burial Loudon Park Cem

Date Feb 24 1908

Undertaker W. J. Pickard's Sons

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 3346 Chestnut Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George J Baseman

{Residence, if in Baltimore, Give Street and Number.} 3346 Chestnut Ave

Duration of Residence in Baltimore. Lifetime C.9733

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 12 1849

AGE: 49 years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Nimrod Baseman

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah Gorlin

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Baseman

(Address) 3346 Chestnut Ave

Filed 2/22 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1907 to Feb 21 1908

that I last saw h in alive on 11 18 1908,

and that death occurred, on the date stated above, at 10 00

M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Dropsy due to dilated Heart with loss of compensation 4 days

(DURATION) DAYS

Contributory (Primary.) Valvular Heart (DURATION) General 4 DAYS

(Signed) Wm. H. Feldman M.D.

Address 800 1st Ave

Date Feb 22 1908

Place of Burial St. Marys Hampden

Date Feb. 23rd 1908

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. #2051 E Monument St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susanna Tauber

{ *Residence, if in Baltimore, Give Street and Number.* } #2051 E Monument St.

C. 9734

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Oct 26th 1857 1	
AGE: 50 years, 3 months, 23 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Peter Ebert
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Elizabeth Ebert
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Tauber

(Address) 2051 E. Monument St

Filed 2/22 1908 BARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 19 1908

I HEREBY CERTIFY, That I attended deceased from Feb 9 1908 to Feb 19 1908

that I last saw h-e alive on Feb 18 1908,

and that death occurred, on the date stated above, at 4 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

1 year

(DURATION) DAYS

Contributory (Primary.) Hemorrhage

(DURATION) 1 DAYS

(Signed) J. F. Tauber M.D.

Address 1726 E Fayette

Date Feb. 21 1908

Place of Burial St. Mathews Cem.

Date 2/22/08 190

Undertaker J Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., Baltimore.

C 9735

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 315 S. Wolf St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Van Downern

{Residence, if in Baltimore, Give Street and Number.} 315 S Wolf St

C. 9735

Duration of Residence in Baltimore. 42 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 7 1849

AGE 58 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER . "

BIRTHPLACE OF MOTHER (State or country) . "

OCCUPATION OF DECEASED Wharf Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Vendouern

(Address) 315 S Wolf St

Filed 2/22 1908

HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 21st 1908.

I HEREBY CERTIFY, That I attended deceased from Feby 6th 1908 to Feby 21st 1908 that I last saw him alive on Feb 21st 1908 and that death occurred, on the date stated above, at 4 15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

about 10 days

(DURATION) DAYS

Contributory (Primary.) Stomach

work (DURATION) DAYS

(Signed) R. T. Hardy M.D.

Address 1907 Bank St

Date February 22nd 1908

Place of Burial St Mathias Cem

Date Feb 23rd 1908

Undertaker W. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 1630 Bolton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Markell

{Residence, if in Baltimore, -Give Street and Number.} 1630 Bolton St

Duration of Residence in Baltimore. about 60 years C. 9736

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

OATE OF BIRTH: Nov 19 1826

AGE: 81 years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Frederick Md

FULL NAME OF FATHER: John Markell

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Catherine Mantz

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E. Falconer

(Address) 1630 Bolton St

Filed 2/22 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

OATE OF DEATH February 22 1908

I HEREBY CERTIFY, That I attended deceased from Feby 20 1908 to Feby 22 1908 that I last saw h[im] alive on Feby 22 1908, and that death occurred, on the date stated above, at 3-15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Broncho-pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Asthenia Senilis

Gradually failing some yrs (DURATION) DAYS

(Signed) Robert W. Mifflin M.D.

Address 1016 Madison Av

Date Feby 22 1908

Place of Burial Green Mount Cemetery

Date February 24th 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

Dr Mifflin

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 2010 N Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Huntington Cox

{ Residence, if in Baltimore, Give Street and Number. } 2010 North Charles St

Duration of Residence in Baltimore. Life time C. 9/13/37

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 19th 1906

AGE: 1 years, 8 months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William A Cox

BIRTHPLACE OF FATHER (State or country): Indiana

MAIDEN NAME OF MOTHER: Josephine A. Stinger

BIRTHPLACE OF MOTHER (State or country): Ky

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W A Cox

(Address) 2010 N. Charles St

Filed 2/22 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 21 st 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Feb 21 1908

that I last saw him alive on Feb 20 1908,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. M. Pearce M.D.

Address 1238 Eutaw

Date Feb 21 1908

Place of Burial Lorraine Cemetery

Date Feby 22 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

Dr W M Pearce Eutaw nr Preston

9

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 414. E. Preston. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johanna O'Donnell.

{ Residence, if in Baltimore, Give Street and Number. } Life time

Duration of Residence in Baltimore.

C 9738

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May. 11. 1848.

AGE 60 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER Louis Roche.

BIRTHPLACE OF FATHER (State or country) Unknown.

MAIDEN NAME OF MOTHER Johanna Roche.

BIRTHPLACE OF MOTHER (State or country) Unknown.

OCCUPATION OF DECEASED House wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine O'Donnell.

(Address) 414. E. Preston St

Filed 2/22 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 20 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 14 1908 to Feb. 20 1908

that I last saw her alive on Feb. 19 1908,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Acute Bronchitis

(DURATION) 6 DAYS

(Signed) James M. Fenton M.D.

Address 706 E Chase St

Date Feb. 20 1908

Place of Burial Cathedral

Date Feb 24/1908. 190

Undertaker Wm. Cooke.

Address 502. E. North ave

WM. J. C. DULANY CO., BALTIMORE.

1908
40
48

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 10

(Place of Death.) No. 266 Barney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William J. Tweedale

{ Residence, if in Baltimore, Give Street and Number. } 26. E. Barney st

Duration of Residence in Baltimore. Lifetime C. 91139

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 26 1874

AGE 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER J. Tweedale

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Caroline Schaffer

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Patinaer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Cook

(Address) 502 E. North ave

Filed 2/22 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21st 1908

I HEREBY CERTIFY, That I attended deceased from Feb 15th 1908 to Feb 21st 1908 that I last saw h[illegible] alive on Feb 21st 1908, and that death occurred, on the date stated above, at 9-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lagrippe

Pneumonia (DURATION) ... DAYS

Contributory (Primary.)

Nervous prostration (DURATION) 7 DAYS

(Signed) J. L. Wiley M.D.

Address 4 W. Lavey st.

Date Feb. 21 st 1908

Place of Burial Cedarhill

Date Feb 24 1908

Undertaker Wm Cook

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

C 9740

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 106 S Stun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Lauterbach

{ Residence, if in Baltimore, Give Street and Number. } 106 S Stun St

Duration of Residence in Baltimore. 55 Years. C.9740

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	April 4th 1826
AGE	81 years, 10 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Lauterbach

(Address) 2003 Fairmount Ave

Filed 2/22 1908

HENRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21- 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1- 1908 to Feb 21- 1908 that I last saw h alive on Feb 19 1908, and that death occurred, on the date stated above, at 9.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Senility -

(DURATION) 2 mo. DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) E. E. Wade M.D.

Address 1432 N Bway

Date 2/22 1908

Place of Burial St Mathews Cem

Date Feb 20th 1908

Undertaker H. Lauterbach Sons.

Address 1710 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be e duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate tting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 2044 Bank St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann Ritterpusch

{ Residence, if in Baltimore, Give Street and Number. } 2044 Bank St.

Duration of Residence in Baltimore... 44 years C. 97141

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 26 1857

AGE 50 years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Ritterpusch

(Address) 2044 Bank St

Filed 2/22 1908 HENRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20, 1908

I HEREBY CERTIFY, That I attended deceased from Feb 20, 1908 to Feb 20, 1908 that I last saw h alive on Feb 17 1908, and that death occurred, on the date stated above, at 11

I. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of Stomach

Contributory (Primary) Intestinal trouble (DURATION) DAYS

(Signed) W. J. Sellers, M.D.

Address 1600 E. Broadway

Date Feb 21, 1908

Place of Burial Oak Lawn Com

Date Feb. 23 1908

Undertaker HENRY SAUER & SONS,

Address S. E. Cor. Broadway & Balto St

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1015 N. Monroe St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaretha Dietz.

{ Residence, if in Baltimore, Give Street and Number. } 1015 N. Monroe St.

Duration of Residence in Baltimore. Lifetime C. 9742

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: February 11th 1882

AGE: 26 years, 0 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: Conrad Kirchhoff

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Margaret Brandeis

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Sykes MD

(Address) 539 N Carrollton Ave

Filed 2/22 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 21st 1908

I HEREBY CERTIFY, That I attended deceased from March 7th 1908 to Feby 21st 1908

that I last saw her alive on Feby 20th 1908,

and that death occurred, on the date stated above, at 10.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Pulmonalis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Howard Sykes M.D.

Address 539 N. Carrollton Ave

Date Feby 21st 1908.

Place of Burial Loudon Park Cem

Date Jan 24 1908

Undertaker Chas. E. Francis

Address 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be e duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate tting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

C 9743

CERTIFICATE OF DEATH.

(Place of Death.) No. 1521 Vine St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Georgia Brown

{Residence, if in Baltimore, Give Street and Number.} 1521 Vine

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 | COLOR B

DATE OF BIRTH 1

AGE 2 years, ½ months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baeto Md

FULL NAME OF FATHER — —

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant George Brown

(Address 1521 Vine St

Filed 2/22 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20 1908

I HEREBY CERTIFY, That I attended deceased from Feb 16 1908 to Feb 20 1908

that I last saw h[illegible]ive on Feb 20 1908,

and that death occurred, on the date stated above, at 1130 a.m. CAUSE OF DEATH (Secondary or Immediate)

Lobular Pneumonia

(DURATION) DAYS

Con ributory (Primary.)

(DURATION) DAYS

(Signed) Fred Carruthers M.D.

Address 2229 E Baeto St

Date Feb 20 — 08 1908

Place of Burial Mt Auburn ✓

Date Feb 22 1908

Undertaker Wm J Johnson

Address 614 Baker St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 9744 91

(Place of Death.) No. 1037 S. Howard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Morgret Lee

{ Residence, if in Baltimore, Give Street and Number. } 1037 S. Howard St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 51 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) md.

FULL NAME OF FATHER Reason Baker

BIRTHPLACE OF FATHER (State or country) md.

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) unknown

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Lee

(Address) 1037 S Howard St

Filed 2/22 1908 HENRY C. ANDRESS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 19 1908

I HEREBY CERTIFY, That I attended deceased from Dec 10 1907 to Feby 19 1908 that I last saw h[illegible] alive on Feby 19 1908 and that death occurred, on the date stated above, at 5.45 M. CAUSE OF DEATH (Secondary or Immediate

Bronchitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H Edward Funk M.D.

Address 528 Hanover St

Date Feby 19 1908

Place of Burial Mt. Auburn

Date Feb. 22, 1908

Undertaker John H. Toadvine

Address 142 Hill St

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1002 Ledenhall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Pearl Jackson

{Residence, if in Baltimore, Give Street and Number.} 1002 Ledenhall St

Duration of Residence in Baltimore. 4 days C. 9745

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Feb 17 1908

AGE ..... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) 1002 Ledenhall St

FULL NAME OF FATHER James Jackson

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Pearl Webster

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Jackson

(Address) 1002 Ledenhall St

Filed 2/22 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21 1908.

I HEREBY CERTIFY, That I attended deceased from Feb 17 1908 to Feb 21 1908, that I last saw h[illegible] alive on Feb 20 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph L. Valentine M.D.

Address 622 N Lombard St

Date Oct 21 1908

Place of Burial Mt. Auburn

Date Feb. 23, 1908

Undertaker John H. Toadvine

Address 142 Hill St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 9746 C 9746

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eleanor Wilson

{ Residence, if in Baltimore, Give Street and Number. } 111 W. West St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Married

BIRTHPLACE (State or country): Balto md.

FULL NAME OF FATHER: Enoch Wilson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: ~~Eliz~~ Susie Freeman

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Williams

(Address) 111 W West St

Filed 2/22 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 20 1908

I HEREBY CERTIFY, That I attended deceased from Feb 18 1908 to Feb 20 1908

that I last saw h[illegible] alive on Feb 20 1908,

and that death occurred, on the date stated above, at 9:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Phthisis (DURATION) ..... DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date 2/24 1908

Place of Burial Mt Auburn Cem

Date Feb 23d 1908

Undertaker G. L. Brown & Son

Address 108 N. Montgomery St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person having charge of the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and date of death**, the **cause and date of death**

C 9747

CERTIFICATE OF DEATH.

(Place of Death.) No. 22. Redmon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hamie Jenkins

{ Residence, if in Baltimore, Give Street and Number. } 22 Redmon

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 22 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Eddie Pegfitt

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Hanna Carter

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Jenkins

(Address) 22 Redman St

Filed 2/22 1908 Registrar

HARRY C. ANDREWS
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1 1908 to Feb 21 1908

that I last saw her alive on Feb 21 1908,

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis (C. B.)

(DURATION) 20 DAYS

Contributory (Primary.) Stomach

(DURATION) 20 DAYS

(Signed) A. K. Swan M.D.

Address 714 S. Carey St

Date Feb 22 1908

Place of Burial Mt. Auburn Cem.

Date Feb 23d 1908

Undertaker C. L. Bromwell & Son

Address 108 N. Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C. 9748 Registered No. B

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 902 Ridgely St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Fleischer

{Residence, if in Baltimore, Give Street and Number.} 902 Ridgely St.

Duration of Residence in Baltimore. 18 years C. 9748

PERSONAL AND STATISTICAL PARTICULARS

SEX Mail | COLOR White

DATE OF BIRTH ....1....

AGE 56 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Borach Fleischer

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Gittle Wegcaul

BIRTHPLACE OF MOTHER (State or country) R Estraic

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Goodman

(Address) 902 Ridgely St

Filed 2/22 1908 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 20th. 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 15 1908 to Feb. 20 1908 that I last saw h in alive on Feb. 20 1908, and that death occurred, on the date stated above, at 1.40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Chronic Bronchitis (DURATION) ... DAYS

(Signed) L. M. Limperis M.D.

Address 602 N. Broadway

Date Feb. 21 1908

Place of Burial Cedar Rock in Lake Lawn

Date Feb. 24 1908

Undertaker Wm Levin & Son

Address 16 & 20 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 9749
76

CERTIFICATE OF DEATH.

(Place of Death.) No. 125 N Paca St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Mueller

{ Residence, if in Baltimore, Give Street and Number. } 125 N. Paca St

Duration of Residence in Baltimore. 54 Years C.9749

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bavaria Germany

FULL NAME OF FATHER Philip Mueller

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Saloonkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Mueller

(Address) 125 N Paca

Filed 2/22 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 20th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 17 1908 to Feb 20 1908 that I last saw h im alive on Feb 20 1908, and that death occurred, on the date stated above, at 8.27 P.M. CAUSE OF DEATH (Secondary or Immediate)

Encephalitis (DURATION) 3 DAYS

Contributory (Primary.)

Otitis Media (DURATION) 7 DAYS

(Signed) Leonard E. Brach M.D.

Address 857 W. Fayette St

Date Feb 21st 1908

Place of Burial New Cathedral

Date 2/24 1908

Undertaker Wm J Schilling

Address 96 S. Pospoletow St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Earl

{ Residence, if in Baltimore, Give Street and Number. } 213 N Vincent St

Duration of Residence in Baltimore. C.9750

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Col.

DATE OF BIRTH: 1

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Tatoer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 22. 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 17 1908 to Feb. 22 1908 that I last saw h[illegible] alive on Feb. 22 1908, and that death occurred, on the date stated above, at 2 11 9 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Feb. 22 1908

Place of Burial Mt Groin Cemetery

Date Feby 24 1908

Undertaker Felix B. Paye

Address ~~Felix B. Paye~~ 102 E Mulberry

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

1

C 9751

Registered No. B.....

City of Baltimore, (No. 1637, N. Gilmor St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charlotte Harris

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ~~Oct.~~ Dec. 9 (Month) (Day) 1101 Year)

AGE: 6 years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Percy Harris

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Maude Nagle

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. F. Martin

(Address) 1637 N Gilmor St.

Filed 2/13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby. (Month) 22 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 18 1908 to Feby 22 1908 that I last saw her alive on Feby 22 1908, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Pearlatura

(DURATION) 7 DAYS

Contributory Weakness of Heart

(DURATION) 3 DAYS

(Signed) E. A. Smith M. D.

Feby. 22 1908 (Address) 1605 N. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Feb 23 1908

UNDERTAKER: H. McCook

ADDRESS: 502 E. Fairmount Ave

3 P. M.

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B 63

CERTIFICATE OF DEATH.

(Place of Death.) No. 611 Reservoir St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary A. Lowe

{Residence, if in Baltimore, Give Street and Number.} 611 Reservoir St.

Duration of Residence in Baltimore. Life C. 9752

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 17 1835

AGE: 72 years, 8 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Crumble

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Laverty

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carl N. H. Lowe

(Address) 611 Reservoir St

Filed 2/23 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2-22 1908

I HEREBY CERTIFY, That I attended deceased from Dec 25 1907 to Feb 22 1908 that I last saw h[er] alive on Feb 21 1908 and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Death ascending Paralysis

(DURATION) 60 DAYS

Con'ributory (Primary.) Paralysis of Respiratory centers (DURATION) DAYS

(Signed) Albert F. Cooney M.D.

Address 1412 Mt Royal ave

Date 2-22 1908

Place of Burial Cathedral Cemetery

Date February 24" 1908

Undertaker Chas F. Evans

Address 118 N. Mt Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

71

CERTIFICATE OF DEATH.

(Place of Death.) No. 1418 Richardson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Remer

{Residence, if in Baltimore, Give Street and Number.} 1418 Richardson St

Duration of Residence in Baltimore. always C. 9753

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	Feb. 14 1908
AGE	— years, — months, 9 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	here
FULL NAME OF FATHER	John Remer
BIRTHPLACE OF FATHER (State or country)	Hungary
MAIDEN NAME OF MOTHER	Marie Krohn
BIRTHPLACE OF MOTHER (State or country)	Hungary
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John Remer

(Address) 1418 Richardson St

Filed 2/23 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 22d 1908

I HEREBY CERTIFY, That I attended deceased from Feb 19th 1908 to Feb 22d 1908

that I last saw him alive on Feb. 22d 1908

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia (DURATION) 9 DAYS

Contributory (Primary.) Eclampsia (DURATION) 3 DAYS

(Signed) Kahn M.D.

Address 1510 E Fort Av

Date Feb. 22d 1908

Place of Burial Holy Cross A.A. 6m

Date Feby 24 1908

Undertaker Jos Shyrtenbeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

92

(Place of Death.) No. The Johns Hopkins hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Nelles (Nellis)

{Residence, if in Baltimore, Give Street and Number.} 820 Chesapeake St

Duration of Residence in Baltimore. Life

C 9754

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Apr. 2nd 1908

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Nellis

BIRTHPLACE OF FATHER (State or country): Baltr Md.

MAIDEN NAME OF MOTHER: Ant Knox

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lucie Knowles

(Address) 832 S Chapel St

Filed 2/23 1908

HARRY O. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 21 1908

I HEREBY CERTIFY, That I attended deceased from Jan 28 1908 to Feb 21 1908 that I last saw h[illegible] alive on Feb 21 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchopneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date February 23 1908

Place of Burial St Alphonsus

Date Feb 23rd 1908

Undertaker John A Moran

Address Bank & Ann Sts

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 707 S Eden St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Hugh Trainor

{ Residence, if in Baltimore, Give Street and Number. } 707 S Eden

C 9755

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1846

AGE 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Trainor

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Trainor

(Address) 1525 n. Dallas St.

Filed 2/23 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21 1908

I HEREBY CERTIFY, That I attended deceased from Feb 17 1908 to Feb 21 1908

that I last saw h— alive on Feb 21 1908,

and that death occurred, on the date stated above, at 4 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 O Bond

Date Feb 24 1908

Place of Burial Cathedral Cem.

Date Feb. 24th 1908

Undertaker John A. Moran

Address Bank & Inn Sts

WM. J. C. DULANY CO., BALTIMORE.

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1642 Halbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gladys Frances Purser

{ Residence, if in Baltimore, Give Street and Number. } Res. 1642 Halbrook Street

Duration of Residence in Baltimore. Lifetime C 9756

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH February 14, 1908

AGE ..... years, ... months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER George P. Purser

BIRTHPLACE OF FATHER (State or country) Illinois

MAIDEN NAME OF MOTHER Martha A. Williams

BIRTHPLACE OF MOTHER (State or country) Baltimore city

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. P. Purser.

(Address) 1642 Halbrook St.

Filed 2/23 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 22, 1908

I HEREBY CERTIFY, That I attended deceased from Feb 14, 1908 to Feb. 22 1908 that I last saw h[illegible] alive on Feb. 22, 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 DAYS

Contributory (Primary.) Congenital debility

(DURATION) 9 DAYS

(Signed) A. A. Elsewell, M.D.

Address 1741 Harford ave

Date February 22, 1908

Place of Burial Loudon Park

Date Feb 24 1908

Undertaker Wolfe Funeral

Address 1472 Bloadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 9757

Registered No. B .....

City of Baltimore, (No. 609 N. Appleton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth M. Simmont

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 26 1838
(Month) (Day) (Year)

AGE 69 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto city Md

FULL NAME OF FATHER John Hillingshard

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth Richardson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eleora Simmont

(Address) 609 Appleton St

Filed 2/23 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 22nd 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1908 to Feb 22nd 1908

that I last saw h.. alive on Feb 21st 1908,

and that death occurred, on the date stated above, at 9 a.m. The CAUSE OF DEATH was as follows:

Tuberculosis

Paralysis 3 yrs (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) N. F. Hill M. D.

Feb 22 1908 (Address) 1110 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL London Park | DATE OF BURIAL Feb 24 1908

UNDERTAKER Geo J Smith & Co | ADDRESS 1500 W. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 9758 C 9758

CERTIFICATE OF DEATH.

Registered No. B 9

City of Baltimore, (No. 249, Loudon Ave St.; — Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Agnes Winifred Stromberg

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	March 3 1903 (Month) (Day) (Year)
AGE	4 years, 11 months, [illegible] days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	Jno. Wm Stromberg
BIRTHPLACE OF FATHER (State or country)	Howard Co. Md.
MAIDEN NAME OF MOTHER	Margaret A. Schrom
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Wm Stromberg

(Address) 249 Loudon Ave.

Filed 2/23 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 22 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 20 1908 to Feb 22 1908

that I last saw h[illegible] alive on Feb 22 1908,

and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

Septicemia - Infection

1 day (DURATION) DAYS

Contributory Black Diphtheria (DURATION) 3d DAYS

(Signed) Geo Wehner M. D.

2/22 1908 (Address) 1952 Westfield St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL New Cathedral Cem.

DATE OF BURIAL Feb 23 1908

UNDERTAKER L. H. Dill

ADDRESS P/a Fredk. Ave.

WM. J. C. DULANY CO., BALTIMORE.

Feb 23rd 3 P.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 927 Hanover alley St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Maggie Marlow

{Residence, if in Baltimore, Give Street and Number.} 927 Hanover alley

Duration of Residence in Baltimore. 40 yrs.

C.9759

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem	Colored

DATE OF BIRTH: unknown 1

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): unknown

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Chambermaid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Bradbourne

(Address) 817 Fawn St

Filed 2/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 21st 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

died suddenly (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Brian Baldwin M.D.

Address 700 Log. Av. Town

Date Feb 21st 1908

Place of Burial Mt. Auburn

Date Feb. 23 1908

Undertaker John H. Andrews

Address 142 Hill St

WM. J. C. DULANY CO., BALTIMORE

C 9760

85

CERTIFICATE OF DEATH.

(Place of Death.) No. 510 Druid Hill ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Lottie McDaniel

{Residence, if in Baltimore, Give Street and Number.} 510 Druid Hill ave

Duration of Residence in Baltimore. Life C 9760

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Feb 20 1908

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 510 Druid Hill Ave

FULL NAME OF FATHER: Randolph McDaniel

BIRTHPLACE OF FATHER (State or country): Amherst Co Virginia

MAIDEN NAME OF MOTHER: Lottie Snead

BIRTHPLACE OF MOTHER (State or country): Amherst Co Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H E Wilkinson

(Address) 510 N. Hill Ave

Filed 2/23 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22 1908

I HEREBY CERTIFY, That I attended deceased from Feb 21 1908 to Feb 22 1908

that I last saw h alive on Feb 21 1908,

and that death occurred, on the date stated above, at 8 A.M.

M. CAUSE OF DEATH (Secondary or Immediate.)

Internal Hemorrhage

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Merritt Bruce M.D.

Address Md. Gen. Hosp.

Date Feb. 22 1908

Place of Burial Asbury

Date February 24 1908

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

11.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr. Isaac Beregoff.

{ Residence, if in Baltimore, Give Street and Number. } 116 S. Bond st

Duration of Residence in Baltimore. 13 years. C. 9761

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Louis Beregoff

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Bertie Blumenthal

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Levitan

(Address) 116 Bond st

Filed Feb 23" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Feb 23 1908 that I last saw him alive on Feb 23 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or immediate)

Acute Bronchitis & Condem Asthenia

(DURATION) DAYS

Contributory (Primary.) Mitral Stenosis

(DURATION) DAYS

(Signed) Chas Bagley Jr M.D.

Address Hebrew Hospital

Date Feb 23 1908

Place of Burial Mount Roandale Cemetery

Date Feb 24, 1908

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

116

CERTIFICATE OF DEATH.

(Place of Death.) No. 264 N. Exeter St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Greenberg

{Residence, if in Baltimore, Give Street and Number.} 246 N Exeter st

Duration of Residence in Baltimore. 2 years

C. 9762

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH ....1....

AGE 10 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Nuten Greenberg

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Celia Struvitz

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Greenberg

(Address) 246 N. Exeter St

Filed Feb 23 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23. 1908

I HEREBY CERTIFY, That I attended deceased from Feb 20 1908 to Feb 22 1908 that I last saw him alive on Feb 22 1908, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 4 DAYS

Contributory (Primary.) Exposure

(DURATION) ..... DAYS

(Signed) H. Flinder M.D.

Address 1119 E. Baltimore St

Date Feb 23 1908

Place of Burial Hebrew Rondale Cemetery

Date Feb. 24 1908

Undertaker Max Lenzner

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 828. S. Bond. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amelia Kaniecka

{Residence, if in Baltimore, Give Street and Number.} 828. S. Bond. St.

Duration of Residence in Baltimore. Life

C. 97163

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Feb. 23 1908
AGE	years, months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Joseph Kaniecki
BIRTHPLACE OF FATHER (State or country)	Poland.
MAIDEN NAME OF MOTHER	Joseph Kaliwodka
BIRTHPLACE OF MOTHER (State or country)	Poland.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Kaliwodki

(Address) 828 S Bond St

Filed Feb 23" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 23 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Inf Institution

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

Cause

(Signed) Thomas Dudley M.D.

Address 320 N Greene St.

Date 190

Place of Burial Holy Rosary ✓

Date Feb. 24 1908

Undertaker Jacob Fiatkowski

Address 428. S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his se, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1601 Clifton Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Karl Jacobi

{ Residence, if in Baltimore, Give Street and Number. } 1601 Clifton Place

C. 9764

Duration of Residence in Baltimore. 4 year

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) German

OCCUPATION OF DECEASED Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Jacobi

(Address) 1601. Clifton Place

Filed 2/24 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 22d 1908

I HEREBY CERTIFY, That I attended deceased from Dec 3rd 1907 to Febry 21st 1908 that I last saw him alive on Febry 21st 1908, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

3 Months (DURATION) DAYS

Contributory (Primary.)

Prostration (DURATION) 24 DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 418. N. Paca St

Date February 22 1908

Place of Burial Baltimore Mem

Date Feb 24 1908

Undertaker Wm Cook

Address 202 E Monument

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

97

CERTIFICATE OF DEATH.

Registered No. B 9765

City of Baltimore, (No. 2028 Jefferson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline Melcher

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 79 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Maddux

(Address) 2028 Jefferson

Filed 2/24 1908 EMIL C. ANDRES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 22nd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Feb. 22nd 1908 that I last saw h[er] alive on Feb. 22nd 1908, and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Senile Debility.

(DURATION) ..... DAYS

Contributory Bronchial Asthma

(DURATION) ..... DAYS

(Signed) A. V. Zimmerman M. D.

Feb 22nd 1908 (Address) 1805 W North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Druid Ridge | DATE OF BURIAL: Feb 26 1908

UNDERTAKER: [illegible] | ADDRESS: 1507 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

124

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Webb

{ Residence, if in Baltimore, Give Street and Number. } 1222 Short Alley

Duration of Residence in Baltimore. 8 yrs.

C. 9706

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~M~~ Female

COLOR Colored

DATE OF BIRTH 1

AGE 9 years, — mont's, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER George Webb

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Frances Waters

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Webb

(Address) 1222 Short alley

Filed 2/24 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 20 1908

I HEREBY CERTIFY, That I attended deceased from Jan 21 1908 to Feb 20 1908

that I last saw h~~e~~ alive on Feb 20 1908

and that death occurred, on the date stated above, at 9 4 M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia + nephritis

(DURATION) DAYS

Con'tributory (Primary) Burns of face + arms (DURATION) 4 ~~DAYS~~ wks

(Signed) Geo. H. Klinge M.D.

Address St. Josephs Hosp.

Date Feb. 20 1908

Place of Burial Laurel

Date February 24 1908

Undertaker R A Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE

OK.
F. Carroll Comm
Feb. 21/08.
1 PM.

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 913 Harris alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Blum

{Residence, if in Baltimore, Give Street and Number.} Life

Duration of Residence in Baltimore. Life

C. 9767

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 7 1907

AGE ..... years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Blum

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Jennie Hoge

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Non

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Jennie Hoge

(Address) 913 Harris Al

Filed 2/24 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 21/08 190

I HEREBY CERTIFY, That I attended deceased from Feby 10 1908 to Feby 21 1908

that I last saw h[illegible] alive on Feb 24 1908,

and that death occurred, on the date stated above, at 10.30 P M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 11 DAYS

(Signed) C. N. Athey M.D.

Address 2 Hunt Ct

Date 190

Place of Burial Sacred Heart Cemetery

Date Feb. 24th 1908

Undertaker N. Sauer & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO. Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

83

CERTIFICATE OF DEATH.

(Place of Death.) No. 2932 Huntingdon ave

(If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name George Taylor McClelland

{Residence, if in Baltimore, Give Street and Number.} 2932 Huntingdon ave

Duration of Residence in Baltimore. Lifetime C 9769

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 11th 1897

AGE: 11 years, 1 months, 11 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: David P McClelland

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary E Jackson

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs Jennie Conner

(Address) 2932 Huntingdon ave

Filed 2/24 1908

GARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 22 1908

I HEREBY CERTIFY, That I attended deceased from Feb 18 1908 to Feb 22 1908

that I last saw h[illegible] alive on Feb 22 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 4 DAYS

Contributory (Primary) Hydrocephalus

Vaccination Intra Cranial [illegible] 11 yrs

(Signed) E R Eversfield M.D.

Address 100 W 26th st

Date Feb 22nd 1908

Place of Burial New Cathedral Cemetery

Date February 25th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

CERTIFICATE OF DEATH. 15

(Place of Death.) No. 226 N Mount St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Margaret M. Mahon

{ Residence, if in Baltimore, Give Street and Number. } 226 N Mount

Duration of Residence in Baltimore. Whole Life C. 9769

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. 19th 1908

AGE: ..... years, ... months, 4 days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Philip Mc. Mahon

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Anni Murphy

BIRTHPLACE OF MOTHER (State or country): Balto —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Mc. Mahon

(Address) 226 N Mount

Filed 2/24 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 23 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 19 1908 to Feb. 23 1908 that I last saw her alive on Feb. 23 1908, and that death occurred, on the date stated above, at 12 —M. CAUSE OF DEATH (Secondary or Immediate)

Imperfect development. 8th month Gestation.

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. F. Smith M.D.

Address 1678 N Lexington St.

Date Feb. 23 1908

Place of Burial Holy Cross. Cem

Date Feb. 24th 1908

Undertaker Robt Brooks & Son

Address 17 S. Calhoun St.

WM. J. C. DULANY CO., Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91

CERTIFICATE OF DEATH.

Registered No. B 9770

City of Baltimore, (No. 114 W. Hughes St.; 22d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Martha Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Cambridge Md

FULL NAME OF FATHER: John Hunter

BIRTHPLACE OF FATHER (State or country): Cambridge Md

MAIDEN NAME OF MOTHER: Amelia Jackson

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Johnson Jones

(Address) 114 W Hughes St

Filed 2/24 1908 HENRY C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 2 (Month) — 21 (Day) — 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 12 — 25 1907 to 2 — 20 1908

that I last saw her alive on 2 — 20 1908,

and that death occurred, on the date stated above, at 6.0 P. M. The CAUSE OF DEATH was as follows:

Chronic - Bronchitis

(DURATION) 50 DAYS

Contributory Acute - Lanyngitis

(DURATION) 7 DAYS

(Signed) L. D. Dyer M. D.

2 — 21 — 1908 (Address) 1113 Argyle ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cambridge Md

DATE OF BURIAL: Feb 24 1908

UNDERTAKER: S. L. Brown

ADDRESS: 108 W Monday

Landing at B. C. A Mar 7 1-7

Cambridge Md

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

90

CERTIFICATE OF DEATH.

(Place of Death.) No. 426 N. Front street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Rosa Culotta

{ Residence, if in Baltimore, Give Street and Number. } Baltimore City

Duration of Residence in Baltimore. Lifetime — C. 9771

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 2 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: Salvatore Culotta

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Rosa Cimino

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Salvatore Culotta

(Address) 426 N. Front St

Filed 2/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 23 February 1908

I HEREBY CERTIFY, That I attended deceased from 29 January 1908 to 23 February 1908 that I last saw h[er] alive on 23 Febry 1908, and that death occurred, on the date stated above, at ——— M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis and Pleuritis —

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Barrano M.D.

Address 204 N. Greene st

Date 190

Place of Burial St Vincents cemetery

Date Feby 25 1908

Undertaker Feby B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 210 Lovegrove Alley St. (If Death occurred Hospital or Institution give its Name Instead of Street and Number)

Full Name Jno Lewis

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. C. 9772

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 66 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Jessie Lewis
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Olivia Lee
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lydia Lewis

(Address) 210 Lovegrove Alley

Filed 2/24 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate

Lung standing

Valvular Heart Disease

Sudden death (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Clinton Tuttle M.D.

Address 1818 E. Eager

Date Feb 23 1908

Place of Burial Laurel Cemetery

Date Feby 25 1908

Undertaker Felix B Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1821 Vine stret St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mabel Naughus

{Residence, if in Baltimore, Give Street and Number.} 1821 Vine Stret

Duration of Residence in Baltimore. 8 mos. C.9772

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Dec. 25th 1906

AGE 1 years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Livingwood W.Va.

FULL NAME OF FATHER Mack Naughus

BIRTHPLACE OF FATHER (State or country) not known

MAIDEN NAME OF MOTHER Minnie Gould

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Gould

(Address) 1821 Vine St

Filed 2/27 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febr. 23. 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 17 1908 to Feb. 23 1908 that I last saw h.r alive on Feb 23 1908 and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate.)

LaGrippe

(DURATION) 7 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 7 DAYS

(Signed) G. W. Slater M.D.

Address 1703 W. Baltimore St.

Date Feb. 24th 1908.

Place of Burial Mt. Auburn Cemetery

Date Feb 26 1908

Undertaker Fidelity B Dye

Address 1042 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 624 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Ebler

{Residence, if in Baltimore, Give Street and Number.} 624 W Hamburg St

Duration of Residence in Baltimore. Life

9.9774

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 17th 1846

AGE: 61 years, 2 months, 5 X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Wood-worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Morran

(Address) 624 W. Hamburg St

Filed 2/24 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Oct 8 1908 to Feb 22 1908 that I last saw him alive on Feb 21 1908, and that death occurred, on the date stated above, at 5:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonary

(DURATION) 100 DAYS

Contributory (Primary.) Exhaustion (DURATION) 38 DAYS

(Signed) Edwd Greenfield M.D.

Address 617 Scott St

Date Feb 22 1908

Place of Burial Loudon Park

Date Feb 25 1908

Undertaker John J. Corran

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 71

(Place of Death.) No. 661 Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Johnson

{Residence, if in Baltimore, Give Street and Number.} 561 Dolphin St

Duration of Residence in Baltimore. Six months C.9775

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jim Holland

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ct

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louisa Boston

(Address) 2112 Druid Hill ave

Filed 1/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby. 2 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Acid Intoxication (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Lic. Baldwin M.D.

Address 700 Log. Av. (Corrected)

Date Feby. 2 1908

Place of Burial Galesville A.A. Co

Date Feby 25 1908

Undertaker Isaac Brown

Address 565 W Dolphin St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1111 Pinkney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian W. Kraft

{Residence, if in Baltimore, Give Street and Number.} 1111 Pinkney st

Duration of Residence in Baltimore. Life time C 4776

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Jan 12 1903

AGE: 2 years, 7 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm. C. Kraft

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Nettie Groves

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Juesdens

(Address) 217 S. Pace

Filed 2/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23 1908

I HEREBY CERTIFY, That I attended deceased from Feb 20 1908 to Feb 22 1908 that I last saw her alive on Feb 22 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Scarlet Fever

(DURATION) 4 DAYS

Contributory (Primary) Toxemia

(DURATION) 1 DAYS

(Signed) J. E. Imes M.D.

Address 855 Columbia Ave

Date Feb 23 1908

Place of Burial Western Cem

Date Feb 24 1908

Undertaker Jos. Juesdens Son

Address 217 S. Pace

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9777

City of Baltimore, (No. 2246 Eutaw Place St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.] —

FULL NAME Thos Pollard Bagley

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	July 18 1905 (Month) (Day) (Year)
AGE	2 years, 7 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Chas. F. Bagley
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Annie E. English
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. F. Bagley

(Address) 2246 Eutaw Place

Filed 2/24 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 21st 1908 190
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 17 1908 to Feby 21 1908 that I last saw h— alive on 21st Feby 1908, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis

(DURATION) 3 DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) Geo Kaylor M. D.

Feby 22 1908 (Address) 1720 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Feby 24 1908
UNDERTAKER	ADDRESS
E. M. Mitchell	1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

78

(Place of Death.) No. Johns Hopkins Hospital Baltimore Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edgar A. Dorsey.

{Residence, if in Baltimore, Give Street and Number.} Dickeyville Balto Co. Md.

Duration of Residence in Baltimore. Two months & 4 days.

C.9.778

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: April 18. 1885

AGE: 22 years, 10 months, 4 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single.

BIRTHPLACE (State or country): Balto Co. Md.

FULL NAME OF FATHER: Chas H. Dorsey

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sarah J. Dickey

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. H. Dorsey

(Address) Dickeyville Md.

Filed 2/24 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 22d 1908

I HEREBY CERTIFY, That I attended deceased from Dec 17. 1907 to Feb 22d 1908 that I last saw him alive on Feb 22d 1908 and that death occurred, on the date stated above, at 1.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Embolism

(DURATION) 42 DAYS

Contributory (Primary.) Endocarditis Operation Six months (DURATION) DAYS

(Signed) Thomas B. Futcher M.D.

Address 320. Franklin St

Date February 23rd 1908

Place of Burial Green Mount Cem.

Date Feby 25 = 1908

Undertaker E. M. Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 506 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas J. Fitzgerald

{ Residence, if in Baltimore, Give Street and Number. } 506 E Eager St.

Duration of Residence in Baltimore. Life C. 9779

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Edward Fitzgerald

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Julia Flaherty

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Julia Fitzgerald

(Address) 506 E. Eager St.

Filed 2/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1908

I HEREBY CERTIFY, That I attended deceased from about Feb 1908 to 20th July 1908 that I last saw h[er] alive on 20th July 1908, and that death occurred, on the date stated above, at 8.20 A. M. CAUSE OF DEATH (Secondary or immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis over (DURATION) 98 DAYS

(Signed) Geo. B. Reynolds M.D.

Address 809 N Charles

Date July 22nd 1908

Place of Burial New Cathedral Cemetery

Date Jul 26 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

1.

CERTIFICATE OF DEATH.

(Place of Death.) No. 738 Cumberland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Emory High

{ Residence, if in Baltimore, Give Street and Number. } 738 Cumberland St

Duration of Residence in Baltimore. Life. C. 97480

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 9 1889

AGE 19 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Wm W. High

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Georgianna Brown

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

OCCUPATION OF DECEASED Chauffeur.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Atkinson

(Address) 938 Cumberland St

Filed 2/24 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1908 to Feb 22nd 1908

that I last saw h[illegible] alive on Feb 21st 1908

and that death occurred, on the date stated above, at 5.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Hemorrhages
& Asthenia

(DURATION) DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) DAYS

(Signed) John T. McCaitlin M.D.

Address 606 W Franklin St

Date Feb 22 1908

Place of Burial Loudon Park Cem.

Date 24th February 1908

Undertaker Harry N. Ehlen

Address 1944 Pai North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 9781

Registered No. B

City of Baltimore, (No. 1237 William St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. H. Lambert.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 6 (Month) - 20 (Day) - 1842 (Year)

AGE 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Joseph E Lambert

BIRTHPLACE OF FATHER (State or country) Mary Land.

MAIDEN NAME OF MOTHER Sarah Hard.

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C. Lambert

(Address) 1237 William

Filed 2/24 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. (Month) 22nd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 16th 1908 to Feb. 22nd 1908

that I last saw h[illegible] alive on Feb. 22nd 1908,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Phthisis

Several Years (DURATION) DAYS

Contributory Asthenia

(DURATION) 10 DAYS

(Signed) H. J. Carrick M. D.

Feb 24 1908 (Address) 1417 W. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Balto Cem

DATE OF BURIAL Feb 25 1908

UNDERTAKER John J Fahey

ADDRESS 1232 Williams

WM. J. C. DULANY CO., BALTIMORE

1908
66
1842

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 11 Wyler st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dina Hess

{ Residence, if in Baltimore, Give Street and Number. } 11 Wyler st

Duration of Residence in Baltimore. 35 yr

C. 9782

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER \

BIRTHPLACE OF FATHER (State or country) \

MAIDEN NAME OF MOTHER \

BIRTHPLACE OF MOTHER (State or country) \

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Hess

(Address) 11 Wyler st

Filed 2/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 – 1908

I HEREBY CERTIFY, That I attended deceased from July 17 1908 to July 21 – 1908 that I last saw h alive on July 21 – 1908 and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Pneumonia

(DURATION) DAYS

Con'ributory (Primary.) La Grippe

(DURATION) 7 DAYS

(Signed) H Theil Bowers M.D.

Address 1228 N. Charles

Date July 22 – 1908

Place of Burial Chev Shalom

Date Feby 24 th 1908

Undertaker Howard Sondheim

Address 923 Madison ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

142

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Jones

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C. 9783

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col.

DATE OF BIRTH: 1

AGE: 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday. Supt.

(Address) BAY VIEW ASYLUM.

Filed 2/24 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 19 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 31 1908 to Feb. 19 1908 that I last saw him alive on Feb. 19 1908, and that death occurred, on the date stated above, at 11 45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

(DURATION) DAYS

Contributory (Primary.) Gangrene of Foot

(DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Feb 20 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 21 1908 190

Undertaker Geo Thompson

Address 1805 Hope St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

4/2

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

67

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Perry

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 9784

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: May 1st 1834

AGE: 73 years, 9 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Francis W. Perry

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Euchler

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 2/24 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb: 21st 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h was alive on Feby 21 1908,

and that death occurred, on the date stated above, at 1.45 p.m. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral apoplexy

18 hours (DURATION) DAYS

Contributory (Primary.)

Coma (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Feby 21 1908

Place of Burial Holy Cross

Date Feb: 24th 1908

Undertaker Henry C. Wiedefield

Address 414 Greenmount ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 410 N. Carlin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Howard & Martha E. Means

{ Residence, if in Baltimore, Give Street and Number. } 410 N. Carlin

Duration of Residence in Baltimore. Life

C. 9780

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 23d 1908

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Howard Means

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Martha E. Bishop

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Md.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Means

(Address) 410 N. Carlin st

Filed 2/24 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 24 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw him alive on Feb 23 1908,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia birth
Contributory (Primary) ..... (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Howard D. Lord M.D.

Address 1914 Bolton

Date Feb 24" 1908

Place of Burial Baltimore Cemetery

Date Feb 24. 1908

Undertaker Gilbert & Fuller

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

42

(Place of Death.) No. 220 Harrison St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Willie Goldstein

{Residence, if in Baltimore, Give Street and Number.} 230 Harrison St

Duration of Residence in Baltimore. 20 years C.9786

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 7 3 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Louis Goldstein

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Blaskin

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Goldstein

(Address) 1045 Ridgely st

Filed 2/24 1908

HARRY O. ANDREWS.
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23d 1908

I HEREBY CERTIFY, That I attended deceased from Feb 16th 1908 to Feb 23 1908

that I last saw him alive on Feb 23 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Uterus

(DURATION) 8 Weeks

Contributory (Primary.) Bronchitis

(DURATION) 5 DAYS

(Signed) Edward Ruhrah M.D.

Address 25 Cumberland

Date Balto Feb 24th 1908

Place of Burial Hebrew Baltimore Md. Cemetery

Date Feb. 24, 1908

Undertaker Mary Lairmore

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 1735 Lovwood Pl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gresca Miller

{ Residence, if in Baltimore, Give Street and Number. } 22 N Rose St

Duration of Residence in Baltimore. Life

C. 9787

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH March 16th 1888

AGE 19 years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Peter Emke

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Annie E. Venker

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Annie E. Jacobs

(Address) 22 N. Rose St

Filed 2/24 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 23- 1908

I HEREBY CERTIFY, That I attended deceased from

~~1908~~ to ~~1908~~

that I last saw h~~im~~ alive on ~~1908~~,

and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease Sudden

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred Carrillo M.D.

Address Barnes N.E.D.

Date Feb. 23-08 1908

Place of Burial Mt Carmel

Date Feb. 26th 1908

Undertaker H. Lander & Bros

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the perso ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 234 - E. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Joseph Dunn

{ Residence, if in Baltimore, Give Street and Number. } 234 - E. Cross

Duration of Residence in Baltimore. 20 mos.

C 9788

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH June 10 1906

AGE — years, 20 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John W. Dunn

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Ida Schafogle

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J W Dunn

(Address) 234 E Cross.

Filed 2/24 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 22 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 19 1908 to Feb. 22 1908

that I last saw h im alive on Feb. 22 1908,

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 28 DAYS

(Signed) F. J Doyle M.D.

Address 611 Fort Ave

Date Feb. 23rd 1908

Place of Burial Western Cem

Date Feb. 24 1908

Undertaker D and M. J. Flynn

Address 42 S Fred St

WM. J. C. DULANY CO., Baltimore.

C 9789

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 304 S Register St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mrs Mary Klonowska

{Residence, if in Baltimore, Give Street and Number.} 304 S Reg —

Duration of Residence in Baltimore. 20 years

C. 9789

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: 1

AGE: 53 years, months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Andrew Kruszewski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Annie Kawat.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Klonowski.

(Address) 304 S. Register St

Filed 2/24 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23 1908

I HEREBY CERTIFY, That I attended deceased from Jan - 3 1908 to Feb 23 1908

that I last saw h— alive on Feb 21 1908.

and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer Liver —

1 Yr 2 appx (DURATION) DAYS

Con'ributory (Primary.) Stomach —

(DURATION) DAYS

(Signed) H V Bruner M.D.

Address 1254 Bdwy —

Date Feb 23/08 1908

Place of Burial St. Stanislaus.

Date FEB 26 1908 190

Undertaker M. F. SADOWSKI,

Address 703 S. ANN ST.

BALTIMORE, MD.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

27

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9790

City of Baltimore, (No. 804 Cathedine St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm S McDonald

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 3rd (Day) 1876 (Year)

AGE: 31 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John J McDonald

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah E Emmick

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E McDonald

(Address) 804 Cathedine St

Filed 1/27 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 23 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 2 1907 to Feb 23 1908

that I last saw him alive on Feb 22 1908,

and that death occurred, on the date stated above, at 1 A.M. The CAUSE OF DEATH was as follows:

Acute Phthysis

(DURATION) DAYS

Contributory Senility (DURATION) 16 months

(Signed) F R Everhart M. D.

190 (Address) 100 N 25

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Marys Hampden

DATE OF BURIAL: Feb 24th 1908

UNDERTAKER: C A F Phelbin

ADDRESS: 1711 Md ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1722 E Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Stewart

{Residence, if in Baltimore, Give Street and Number.} 1722 E Chase

Duration of Residence in Baltimore. nearly Life time

C 9791

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Feby 22 1908

AGE 74 years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Michael Griffith

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Sarah Griffith

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Jos J Stewart

(Address) 1722 E Chase

Filed 2/24 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 22 1908

I HEREBY CERTIFY, That I attended deceased from Feby 15th 1908 to Feby 22 1908

that I last saw he alive on Feby 20 1908,

and that death occurred, on the date stated above, at 11:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Debility "

(DURATION) DAYS

Contributory (Primary.) Heart Failure

(DURATION) DAYS

(Signed) Alex A Engle M.D.

Address 727 N Broadway

Date 2/20/08 1908

Place of Burial Balto. Cem

Date Feb. 26" 1908

Undertaker Geo. M. Fink

Address 811 N Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

9v

(Place of Death.) No. 222 N Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizzabeth P. Kassakatis

{ Residence, if in Baltimore, Give Street and Number. } 222 N Madeira St

Duration of Residence in Baltimore. since birth

C. 9792

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept- 11 1907

AGE ..... years, 5 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Leonard G. Kassakatis

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Carrie Saltzmann

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Leonard G. Kassakatis

(Address 222 N Madeira St

Filed 2/24 1908

HENRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 22 1908

I HEREBY CERTIFY, That I attended deceased from Feby 14 1908 to Feby 22 1908

that I last saw h[illegible] alive on Feby 22 1908

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-Pneumonia

(DURATION) 8 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) one DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date Feby 22 1908

Place of Burial Mt. Carmel.

Date Feb. 24" 1908

Undertaker Geo. M. Frank

Address 811 N. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

45

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Flamm

{ Residence, if in Baltimore, Give Street and Number. } 134 N Gay St

Duration of Residence in Baltimore. 7

C. 9793

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 18" 1849

AGE 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) (Illegible)

(Address)

Filed 2/24 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 23 1908

I HEREBY CERTIFY, That I attended deceased from Feb 4 1908 to Feb 23 1908

that I last saw h alive on Feb 23 1908

and that death occurred, on the date stated above, at 1.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Gall bladder

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm O Pancoast M.D.

Address Johns Hopkins Hosp

Date February 23 1908

Place of Burial Balto. Cem.

Date Feb. 25" 1908

Undertaker Geo M Frick

Address 811 N Wolfe st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the perso eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1014 Edmondson Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia Brown

{Residence, if in Baltimore, Give Street and Number.} 1014 Edmondson Ave

Duration of Residence in Baltimore. Over 25 yrs.

C 9794

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Col

DATE OF BIRTH 1

AGE 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Wm. Boundley

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Amelia Brown

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos H Claiborne

(Address) 1014 Edmondson Ave

Filed 2/27 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 23, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1908 to Feb. 23 1908

that I last saw h er alive on Feb 23 1908

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Failure in Compensation of Mitral Regurgitation (DURATION) 2 2 DAYS

Contributory (Primary) Chronic Nephritis. (DURATION) Unknown DAYS

(Signed) Wm. H. Myers M.D.

Address 1373 N. Carey St

Date Feb. 23, 1908

Place of Burial Mt Auburn

Date Feb 25th 1908

Undertaker Thomas E Wright

Address 364 N Carey St

W. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person asel, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1712 Jackson St St. (If Death occurred Hospital or Institution give its Name instead of Street and Number)

Full Name Lillian L. Everett

{ Residence, if in Baltimore, Give Street and Number. } 1712 Jackson St.

Duration of Residence in Baltimore. 9 mos. 10 days C. 97796

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 1st 1907

AGE: ..... years, 9 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Bucks Md

FULL NAME OF FATHER: James A Everett

BIRTHPLACE OF FATHER (State or country): West Va.

MAIDEN NAME OF MOTHER: Mamie Jones

BIRTHPLACE OF MOTHER (State or country): Woodstock Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A Everett

(Address) 1712 Jackson

Filed 2/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 24 1908

I HEREBY CERTIFY, That I attended deceased from Feb 18 1908 to Feb 24 1908

that I last saw her alive on Feb 23 1908

and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure
exhaustion

(DURATION) 1/2 Da

Contributory (Primary.) Pneumonia diffuse Bilateral

(DURATION) 6 D

(Signed) E. Judson Miller M.

Address 2029 W. Baltimore St

Date Feby 24th 1908

Place of Burial Berkley Springs W. Va

Date Feb 25 1908

Undertaker E. J. Fanning

Address 1460 Battery Av

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 419 S. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie M. Weidinger

{Residence, if in Baltimore, Give Street and Number.} ~~Life~~ 419 S. Madeira st

Duration of Residence in Baltimore. Life

C. 97796

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Dec. 19 1891
AGE	16 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	John J. Weidinger
BIRTHPLACE OF FATHER (State or country)	Balto. Md.
MAIDEN NAME OF MOTHER	Mary Knoerlein
BIRTHPLACE OF MOTHER (State or country)	Balto. Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Weidinger

(Address) 419 S. Madeira st.

Filed 2/24 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22 — 1908

I HEREBY CERTIFY, That I attended deceased from July — 1907 to Feb 22 1908

that I last saw her alive on Feb 21 1908

and that death occurred, on the date stated above, at ——

M. CAUSE OF DEATH (Secondary or Immediate.)

1 Pulmon. Tuberculosis —

2

3

8 mos — (DURATION) DAYS

Con'tributory (Primary.) Phthisis

(DURATION) DAYS

(Signed) Louis A. Warner M.D.

Address 125 N. Broadway —

Date Feb 23/08 1908

Place of Burial Holy Redeemer

Date Feb. 25 1908

Undertaker J. J. Kerr

Address 1914 E. Fayette

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his ce, to furnish within **eighteen hours after death**, ng his or her last sickness, or the Coroner, when the case comes under his ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1043 N. Mount St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Child of Mr + Mrs Thomas M. Burgee

{ Residence, if in Baltimore, Give Street and Number. } 1043 N Mount St.

Duration of Residence in Baltimore. Lifetime C 9797

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Male / COLOR: White	DATE OF DEATH: Feb. 23 1908
DATE OF BIRTH: 1	I HEREBY CERTIFY, That I attended deceased from Feb. 23 1908 to Feb. 23 1908
AGE: 6 Hours — years, — months, — days	that I last saw h in alive on Feb. 23 1908,
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country): Baltimore	Premature Birth.
FULL NAME OF FATHER: T. M Burgee	(DURATION) DAYS
BIRTHPLACE OF FATHER (State or country): Laurel Md	Contributory (Primary.)
MAIDEN NAME OF MOTHER: Ireland	(DURATION) DAYS
BIRTHPLACE OF MOTHER (State or country): Calvert Co Md	(Signed) T. McLumpson M.D.
OCCUPATION OF DECEASED: none	Address 602 S. Paca St.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Date Feb. 24 1908
(Informant) Thomas M Burgee	Place of Burial Loudon Park Cem.
(Address) 1047 N Mount St	Date Feb 24th 1908
Filed 2/24. 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar	Undertaker Robt. J. Brickell
	Address 17 E. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

13

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 E Fayette st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Girdie Ethel Miller

{Residence, if in Baltimore, Give Street and Number.} 912 E Fayette st

Duration of Residence in Baltimore. life

C 9798

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR

DATE OF BIRTH Feb 11 1908

AGE ..... years, ... months, 2 weeks days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Julius Miller

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Ida Steinhorn

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Miller

(Address) 912 E Fayette St

Filed 2/24 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23 1908

I HEREBY CERTIFY, That I attended deceased from Feb 23 1908 to Feb 24 1908

that I last saw h.. alive on Feb 23 1908

and that death occurred, on the date stated above, at 0

M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Valentine M.D.

Address 16 W Baltimore

Date Feb 25 1908

Place of Burial Baltimore Hebrew Cemetery

Date Feb 24 1908

Undertaker Jacob Ahrens & Co

Address 1544 E Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jane Smith

{ Residence, if in Baltimore, Give Street and Number. } Bennett, Hayward Co. 2nd.

Duration of Residence in Baltimore. 7 days

C. 9799

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: 1853

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Smith

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Anna Clark

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: Farmhand.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Joiellett

(Address) 120 Montabello Ave

Filed 2/24/8 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 22 190 8

I HEREBY CERTIFY, That I attended deceased from Feb 17 190 8 to Feb 22 190 8

that I last saw h.. alive on Feb 22 190 8,

and that death occurred, on the date stated above, at 8 55

11. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis of Lungs

(DURATION) ..... DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) XXX Eck M.D.

Address Balto City Hospitals

Date Feb 23 190 8

Place of Burial Long Green Md

Date Feb 24 190 8

Undertaker C. G. Wiedefeldt Jr

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 338 Rose — (West) St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edward J Kelly

{ Residence, if in Baltimore, Give Street and Number. } 338 Rose St

Duration of Residence in Baltimore 18 years

C. 9800

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH Unknown 1866

AGE 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Michael Kelly

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Murray

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Saloon keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Kelly

(Address) 338 Rose St

Filed 2/24 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 22, 1908.

I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1907 to Feb. 20, 1908, that I last saw h[illegible] alive on Feb. 22, 1908, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilatation from Heart Disease (DURATION) DAYS

Contributory (Primary) Aortic Valve involvement. (DURATION) DAYS

(Signed) H. Edw. Wagner, M.D.

Address 922 Madison

Date Feb. 24, 1908.

Place of Burial Mt. Cathedral

Date Feb 25th 1908

Undertaker M. Faherty & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

154

CERTIFICATE OF DEATH.

(Place of Death.) No. Merryman ave New Charles St Ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Henry R. Wilson

{Residence, if in Baltimore, Give Street and Number.} Oakenshaw. Merryman ave

Duration of Residence in Baltimore. Life

C 9801

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 30th 1819

AGE: 88 years, 7 months, 23 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Wilson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Shields

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Henry R. Wilson

(Address) Oakenshaw "Merryman ave

Filed 2/24 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 23- 1908

I HEREBY CERTIFY, That I attended deceased from Feby 21 1908 to Feby 23 1908 that I last saw him alive on Feby 21 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

long time (DURATION) DAYS

Contributory (Primary.) old age

(DURATION) DAYS

(Signed) Jas McConnell M.D.

Address 1720 W. Charles St

Date Feby 24 1908

Place of Burial Greenmount

Date February 25th 1908

Undertaker H. W. Jenkins Undertaking Co

Address 300 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1843 W. Lombard St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Wallace Kincaid

{Residence, if in Baltimore, Give Street and Number.} 1843 W. Lombard.

Duration of Residence in Baltimore. Lifetime

C 9802

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Feb 22 1906

AGE 1 year, 11 months, 26 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER James R Kincaid

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Anna Carl

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles V. Kincaid

(Address) 1843 W. Lombard St

Filed 2/24 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22 1908

I HEREBY CERTIFY, That I attended deceased from Feb 21 1908 to Feb 22 1908

that I last saw him alive on Feb 22 1908

and that death occurred, on the date stated above, at 5 20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremic Convulsions

(DURATION) 2. DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Walter A Coe M.D.

Address 542 Fulton Ave

Date Feb 22 1908

Place of Burial Cardiff Harford Co Md

Date Feb 24 1908

Undertaker Jos B Cook

Address 1003 Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 12 N Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adelaide W. Schmidt.

{Residence, if in Baltimore, Give Street and Number.} 12 N Monroe St.

Duration of Residence in Baltimore. Life time. C 4803

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 15. 1894.

AGE 13 years, 9 months, 7 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Wm C Schmidt

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Adelaide Hanebop.

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm C Schmidt

(Address) 12 N Monroe St

Filed 2/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 22 1908

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to Feby 22 1908 that I last saw her alive on Feby 22 1908. and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis Complicating Rheumatic Fever

(DURATION) 7 Months 18 DAYS

Con'tributory (Primary.) Cerebral Embolism

(DURATION) 2 hours DAYS

(Signed) Henry C. Chee M.D.

Address 1303 W. Fayette St

Date Feb 23 1908

Place of Burial London Park Cemetery

Date Feby. 25th 1908

Undertaker Geo R Gerberg

Address 14 S Pulaski St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under hi to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificat ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Maryland University Hosp. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick McEntyre

{ Residence, if in Baltimore, Give Street and Number. } 111 S. Schroeder St.

Duration of Residence in Baltimore. Life

C. 980

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 50 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Patrick McEntyre

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Marie Kelly

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) James McEntyre

(Address) 111 S Schroeder

Filed 2/25 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24 1908

I HEREBY CERTIFY, That I attended deceased from Feb 17 1908 to Feb 24 1908 that I last saw h im alive on Feb 23 1908, and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage

(DURATION) DAYS

Con ributory (Primary) Tuberculosis of Lung, with hemorrhage (DURATION) DAYS

(Signed) J. H. Lego M.D.

Address University Hospital

Date Feb 24 1908

Place of Burial St Peters Cem.

Date Feb 26 1908

Undertaker John J. Corman

Address 940 Hollins St

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

69

(Place of Death.) No. 660 Lafayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Lawrence

{Residence, if in Baltimore, Give Street and Number.} Kent Co.

Duration of Residence in Baltimore. 6 weeks C.9805

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	39 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Kent Co Md
FULL NAME OF FATHER	J. M Sewell
BIRTHPLACE OF FATHER (State or country)	Kent Co Md
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Home Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooks

(Address) 17 S Calhoun St

Filed 2/25 1908 MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22 1908

I HEREBY CERTIFY, That I attended deceased from A. Lawrence 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11.55 P.M. CAUSE OF DEATH (Secondary or Immediate) Asthma - Sick only few hrs - Drs Vm Hitchins & Legg saw her -

(DURATION) DAYS

Contributory (Primary.) Sudden

(DURATION) DAYS

(Signed) I. D. Lightner M.D. coroner

Address 211 N. Lanvale

Date 2, 23 1908

Place of Burial Rock Hall Md

Date Feby 25 1908

Undertaker Robt Brooks & Son

Address 17. S. Calhoun St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence Hendrickson

{Residence, if in Baltimore, Give Street and Number.} 1237 Jefferson St

Duration of Residence in Baltimore. 7

C. 9806

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 12 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New Jersey

FULL NAME OF FATHER: Frank Hendrickson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Henretta Hardy

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henretta Hardy

(Address) 1237 Jefferson St

Filed 2/25 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 21 1908

I HEREBY CERTIFY, That I attended deceased from Feb 10 1908 to Feb 21 1908

that I last saw him alive on Feb 21 1908,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Acute Endocarditis (DURATION) DAYS

(Signed) E. K. Cullen M.D

Address Johns Hopkins Hospital

Date Feb 22 1908

Place of Burial Laurel Md

Date Feb. 25 1908

Undertaker R. A. Elliott

Address 006 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 305 State St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Phillip Adams

{ Residence, if in Baltimore, Give Street and Number. } 305 State St.

Duration of Residence in Baltimore. Life C. 9807

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nannie Adams

(Address) 305 State St

Filed 2/25 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 23rd 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 2nd 1907 to Feb. 22nd 1908 that I last saw h[illegible] alive on Feb 22nd 1908 and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary, or Immediate.)

Chronic Nephritis
Dropsy & Uraemia

(DURATION) ... DAYS

Con'tributory (Primary.)

(DURATION) ... DAYS

(Signed) Jno. T. McCarthy M.D.

Address 656 W Franklin St.

Date Feb. 23rd 1908

Place of Burial Laurel Cem

Date Feb. 26 1908

Undertaker R. A. Elliott

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1009 N. Front St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Jones

{ *Residence, if in Baltimore, Give Street and Number.* } 1009 N. Front St

Duration of Residence in Baltimore. Fifty years C. 980d

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Boare

(Address) 1009 Front St

Filed 2/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23d 1908

I HEREBY CERTIFY, That I attended deceased from Jan 22d 1908 to Jan 23d 1908

that I last saw h[illegible] alive on Jan 22d 1908,

and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

(DURATION) DAYS

Contributory (Primary) Bright's Disease

(DURATION) DAYS

(Signed) W. Winsey M.D.

Address 1220 E. Fayette St

Date Jan 24 1908

Place of Burial Asbury Evergreen

Date Feb 25 1908

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, C

OFFICE OF REGISTRAR OF VITAL STATISTICS.

54

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9809

City of Baltimore, (No. 1130 Mc Culloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Goodon E Carter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug (Month) 22 (Day) 1887 (Year)

AGE: 20 years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry M Carter

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Llewellyn

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Carter

(Address) 1130 Mc Culloh st

Filed 2/25 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 2/25 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 3 1907 to Feb. 25 1908 that I last saw him alive on Feb. 25 1908, and that death occurred, on the date stated above, at 2 a. m. The CAUSE OF DEATH was as follows:

Anaemia

"Chronic"

1 years (DURATION) ~~DAYS~~

~~Contributory~~

(DURATION) DAYS

(Signed) Geo A Fleming M. D.

2/25 1908 (Address) 1016 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Feb 27 1908

UNDERTAKER: E M Mitchell | ADDRESS: 1201 W Fayette st

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 113 S. Payson St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Henry Grady.

{Residence, if in Baltimore, Give Street and Number.} 113 S. Payson St.

C.9810

Duration of Residence in Baltimore. 50 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 23 1908

AGE: 63 years, 8 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Grady

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. H. Grady

(Address) 113 S. Payson St

Filed 2/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby. 23rd. 1908. 190

I HEREBY CERTIFY, That I attended deceased from Feby. 11th. 1908 to Feby. 23rd. 1908 that I last saw him alive on Feby. 23rd. 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

12 days

(DURATION) 12 DAYS

Contributory (Primary.) Nephritis

? (DURATION) DAYS

(Signed) E. A. Knorr M.D.

Address 1727 N. Lombard St

Date Feby 24th 1908

Place of Burial Mount Olivet Cemetery

Date Feb 26 1908

Undertaker Mrs Geo P Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person eased, and the *cause and date of death.*

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9811

City of Baltimore, (No. 2031, W. Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Theresa Heil

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec (Month) 26 (Day) 1830 (Year)

AGE: 77 years, 2 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Lauterbach

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Frank Heil

(Address) 2031 W. Pratt St.

Filed 2/25 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 23 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 19 1908 to Feb 23 1908 that I last saw her alive on Feb 23 1908, and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Senile Degeneration

(DURATION) 2 DAYS

Contributory Heart failure

(DURATION) DAYS

(Signed) John Lunsky M.D.

FEB 24 1908 (Address) 101 N. FULTON AVENUE.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Feb 25 1908

UNDERTAKER: Mrs Geo P. Paulus | ADDRESS: 2101 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1238 McElderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Seltzer

{ Residence, if in Baltimore, Give Street and Number. } 1238 McElderry St

Duration of Residence in Baltimore. 70 years C 9812

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH Oct 0 1820

AGE 87 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Seltzer

(Address) 1238 McElderry St.

Filed 2/25 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 24 1908

I HEREBY CERTIFY, That I attended deceased from Feb 16 1908 to Feb 24 1908

that I last saw h[illegible] alive on Feb 24 1908

and that death occurred, on the date stated above, at 11[illegible] a.m. CAUSE OF DEATH (Secondary or Immediate

Senile Softening & Bron[illegible]

(DURATION) 360 DAYS

Contributory (Primary) Bronchitis &

Pneumonia (DURATION) 8 DAYS

(Signed) Edward McAndrews M.D.

Address 25 August

Date Feb 25th 1908

Place of Burial Dale Cemetery

Date Feby 27 1908

Undertaker Robt J Turner

Address 1722 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE

(Place of Death.) No. 105 W. York St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hester Simms

{ *Residence, if in Baltimore, Give Street and Number.* } 105 W. York St.

Duration of Residence in Baltimore. 30 years C. 9813

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 60 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Calvert Co. Md
FULL NAME OF FATHER	Basil Kemmer
BIRTHPLACE OF FATHER (State or country)	Calvert Co Md
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ester Simms

(Address) 105 W. York St

Filed 2/25 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 23 1908

I HEREBY CERTIFY, That I attended deceased from Feby 1 1908 to Feby 23 1908 that I last saw h[illegible] alive on Feby 22 1908, and that death occurred, on the date stated above, at 2.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. Edw Smith M.D.

Address 538 Hanover St.

Date Feby 24 1908

Place of Burial Mt Auburn

Date Feb. 26th 1908

Undertaker C. T. Burns' Son

Address 108 W Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

(Place of Death.) No. 22 Potomac St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Harrison

{ Residence, if in Baltimore, Give Street and Number. } 22 W. Potomac St.

Duration of Residence in Baltimore Life time C. 9814

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 24 1908

AGE ..... years, ... months, 1/2 hour dys

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Wm L. Harrison

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Gertrude Bauerschmidt

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William L. Harrison

(Address) 22 W. Potomac St

Filed 2/25 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1908 to Feb. 24, 1908 that I last saw h alive on Feb. 24, 1908, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Prematura birth

Heart (DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Feb 24, 1908

Place of Burial Sacred Heart Cemetery

Date February 25 1908

Undertaker H. Sanders Sons

Address 1701 E. Baltimore St.

WM. J. [illegible] CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 22 W. Potomac St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Harrison

{ Residence, if in Baltimore, Give Street and Number. } 22 W. Potomac St.

Duration of Residence in Baltimore. Life time

C 9815

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 24 1908

AGE ..... years, ... months, 12 hours

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Wm L. Harrison

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Gertrude Banerschmidt

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William L. Harrison

(Address) 22 W. Potomac St

Filed 2/25 1908

HARRY C. ANDRESS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24, 1908

I HEREBY CERTIFY, That I attended deceased from Feb 24 1908 to Feb 24 1908 that I last saw h.. alive on Feb 24 1908, and that death occurred, on the date stated above, at 2

11. CAUSE OF DEATH (Secondary or Immediate)

Prematurity

Heart ..... DURATION ..... DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) ..... M.D.,

Address .....

Date Feb 24 1908

Place of Burial Sacred Heart Cemetery

Date February 25 1908

Undertaker L. Saunderson's

Address 1701 E. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 9816 — Registered No. B C 9816

116

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Elizabeth Leinbach,

{Residence, if in Baltimore, Give Street and Number.} 1225 Madison Ave.,

Duration of Residence in Baltimore. 3 years C. 9816

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1886

AGE: 22 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Michigan

FULL NAME OF FATHER: Dec not known

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1225 Madison Ave

Filed 2/25 1908 HARRY C. ANDREWS PERMIT CLERK

Registrar

OK a.D.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 25th 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 23 1908 to Feb. 25 1908 that I last saw h[illegible] alive on Feb. 25 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis
(Cause obscure; not puerperal
nor tuberculous
a.D.J.)

(DURATION) 3 DAYS

Contributory (Primary.) General Peritonitis (DURATION) 3 DAYS

(Signed) Harry L. Konvers, M.D.

Address Union Protestant Infirmary

Date February 25 1908

Place of Burial Detroit Mich.

Date Feby 25 1908

Undertaker Chas. F. Evans

Address 118 1720 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

I.
(A
1. Typhoid
2. Exanthe
3. Relapsi
4. Malaria
5. Smallpo
6. Measles
7. Scarlet
8. Whoopi
9. ∫ Diphti
(Croup
10. Influen
11. Miliary
12. Asiatic
13. Cholera
14. Dysente
15. Plague
16. Yellow
17. Leprosy
18. Erysipe
19. Other e

(B.
20. Septice
21. Glande
22. Malign
23. Rabies
24. Actino
25. Pellagr
27. Tubercu
28. Tubercu
29. Abdomi
30. Potts's
31. Tubercu
32. White
33. Tubercu
34. Generz
35. Scrofu
36. Syphili
37. Gonori
38. Gonori
39. Cancer
40. Cancer
41. Cancer
42. Cancer
43. Cancer
44. Cancer
45. Cancer
46. Tumor
47. Acute
48. Chroni
49. Scurvy
50. Diabet
51. Exoph
52. Addis
53. Leuke
54. Anemi
56. Alcoh
57. Lead p
58. Other
59. Other
55. Other

II. DI
60. Encep
61. Menin
62. Locom
63. Other
64. Apopl
65. Soften
66. Paraly
67. Gener
68. Other
69. Epilep
70. Convu
71. Convu
72. Tetan
73. Chore

GENERAL AFFIDAVIT.

THE DAILY RECORD, PRINT.

State of Maryland, Baltimore City, to wit:

BE IT REMEMBERED, *That on this* 25th *day of* February *A. D. 1908, before me, the subscriber, a* Notary Public *of the said State, in and for the City aforesaid, personally appeared* Harry L. Homer, a physician at the Union Protestant Infirmary, Baltimore, *and made oath on the Holy Evangely of Almighty God that* the death certificate he made out in the name of Mrs. Elizabeth Leinbach, should have been made out in the name of Mrs. Bessie E. Leinbach.

Harry L. Homer

As witness My Hand, and Notarial Seal.

Louis L. Kleinbein

Notary Public,

C 9816

C 9817

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 9817

Registered No. B .....

City of Baltimore, (No. 1105 E Baltimore St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Gable

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: March. 3. (Month) (Day) 1842 (Year)

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Phila Pa.

FULL NAME OF FATHER: John. Gable.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Caroline Eichorn.

BIRTHPLACE OF MOTHER (State or couutry): Germany.

OCCUPATION OF DECEASED: Stone Cutter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella. A. Gable.

(Address) 1105. E. Balto st.

Filed 2/25 1908

HARRY C. INDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 24 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 21st 1908 to Feb 24th 1908

that I last saw him alive on Feb 24th 1908

and that death occurred, on the date stated above, at 4.30 a.m. The CAUSE OF DEATH was as follows:

Vascular Heart Disease

(DURATION) ..... DAYS

Contributory Gastro Intestinal Flatulence Dyspepsia

(DURATION) ..... DAYS

(Signed) John A Dick M. D.

Feb 24th 1908 (Address) #936 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL: 2/27/1908

UNDERTAKER: Wm. Cook. ADDRESS: 502 E. Monument ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C 9818 Registered No. B C 9818

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1829 E Fayette St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Fredk. Jackens

{ Residence, if in Baltimore, Give Street and Number. } 1829 E Fayette St

Duration of Residence in Baltimore... 35 years Jackens

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: —

AGE: 66 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Dairyman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anne Elizabeth Jeken

(Address) 1829 E Fayette

Filed 2/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 23 / 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 – 1908 to Feb 23 1908 that I last saw him alive on Feb 23 / 1908, and that death occurred, on the date stated above, at 1.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Congestion

(DURATION) 1 DAYS

Contributory (Primary.) Aortic Regurgitation

(DURATION) 2 Yrs DAYS.

(Signed) A. T. Roeder M.D.

Address 1904 E. Fayette St

Date Feb 23 / 1908

Place of Burial Mt Carmel

Date Feb 26 1908

Undertaker Lou Cook

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 9819 Registered No. B C 9819

CERTIFICATE OF DEATH.

166

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis C. Klein

{Residence, if in Baltimore, Give Street and Number.} 3175 S. Bentalou st.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Nov. 1 — 1823

AGE: 34 years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Bald. Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): — — —

MAIDEN NAME OF MOTHER: — — —

BIRTHPLACE OF MOTHER (State or country): — — —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Joerdens

(Address) 217 S. Paca st.

Filed 2/25 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23 1908

I HEREBY CERTIFY, That I attended deceased from Feb 20 1908 to Feb 23 1908

that I last saw h— alive on —— 1908,

and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fract. of base of skull

(Accidentally struck by descending weights of an elevator)

a.s.)

(DURATION) 10 DAYS

Contributory (Primary.) Meningitis

(DURATION) DAYS

(Signed) Benj. H. Hayden M.D.

Address 216 N. Carolina st.

Date Feb 20 — 1908

Place of Burial Loudon Park

Date Feb 26 1908

Undertaker Jos. Joerdens, Son

Address 217 S. Paca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 9820 Registered No. B C 9820

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 835 N. Patterson Park Ave. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary Hoelli

{Residence, if in Baltimore, Give Street and Number.} 835 N. Patterson Park Ave.

Duration of Residence in Baltimore. about 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 4th 1842

AGE: 65 years, 5 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: don't know

BIRTHPLACE OF FATHER (State or country): Germanus Franca

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Harrison

(Address) 835 N. Patterson Pk. Ave

Filed 2/25 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 23, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 16 1908 to Feb. 23, 1908

that I last saw h[illegible] alive on Feb. 23, 1908

and that death occurred, on the date stated above, at 8.30 a. m. CAUSE OF DEATH (Secondary or Immediate

Ulcerative Colitis

(DURATION) 7 DAYS

Contributory (Primary) Cardiac

(DURATION) 1 DAY

(Signed) Emil Novak M.D.

Address 839 N. Patterson Pk. Ave.

Date February 23, 1908

Place of Burial Holy Redeemer Cemetery

Date February 26 1908

Undertaker Germanus Franca

Address 1004 Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C 9821 Registered No. B C 9821

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Constance Clifton Brown.

{Residence, if in Baltimore, Give Street and Number.} 420 W. Hamburg St.

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH June 5- 1902

AGE 5 years, 8 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single -

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Richard Brown.

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Dora Clifton

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora Clifton

(Address) 420 Hamburg St.

Filed 2/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 22 1908

I HEREBY CERTIFY, That I attended deceased from Feby 18 1908 to Feby 22 1908 that I last saw h alive on Feby 22 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate) Tubercular Meningitis

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion (DURATION) 1 DAYS

(Signed) Frank C. Ferguson M.D.

Address 1006 S. Sharp St.

Date Feby 24 - 1908

Place of Burial Mt. Auburn

Date Feb. 26, 1908

Undertaker John H. Toadvine

Address 142 N. Hill St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 9822 Registered No. B C 9822

CERTIFICATE OF DEATH. 164

(Place of Death.) No. 1623 E Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Brien

{Residence, if in Baltimore, Give Street and Number.} 1623 E Madison st

Duration of Residence in Baltimore. ~~Life~~ ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ? 1

AGE: 63 years, ? months, ? days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Northumberland Co Va

FULL NAME OF FATHER: dont know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friend Mrs Elizabeth A Barth

(Address) 1623 E Madison st

Filed 2/25 1908

BARRY C. INDEKS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 24 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 5 — 1908 to Feb. 24 — 1908

that I last saw her alive on Feb. 22 - 1908

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Fracture of upper end of left femur

(DURATION) 50 DAYS

Contributory (Primary.) ———

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date February 24 1908

Place of Burial Greenmount Cemetery

Date February 26th 1908

Undertaker George S Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 9823 Registered No. B C 9823

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 311 N. Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel V. Dickson

{ Residence, if in Baltimore, Give Street and Number. } 536 N. Lanvale st.

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Norfolk, Va.

FULL NAME OF FATHER: Thomas Dickson

BIRTHPLACE OF FATHER (State or country): Norfolk Va.

MAIDEN NAME OF MOTHER: Lucie Dickson

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgiana Dickson

(Address) 536 N. Lanvale st.

Filed 2/25 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24 — 1908

I HEREBY CERTIFY, That I attended deceased from Coroners Case 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 E. Baltimore St.

Date 190

Place of Burial Laurel Cemetery

Date Feb 27 1908

Undertaker Jos. H. Owens & Son

Address 1222 Division st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5

C 9824

Registered No. B C 9824

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 629 N. Edw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Glenn

{Residence, if in Baltimore, Give Street and Number.} 629 N. Edw St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Glenn

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Grady

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Tailoress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary Glenn

(Address) 629 N. Edw St

Filed 2/25 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 25th 1908

I HEREBY CERTIFY, That I attended deceased from Feby 18th 1908 to Feby 25th 1908

that I last saw h[illegible] alive on Feby 25th 1908

and that death occurred, on the date stated above, at 11:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jos Storen M.D.

Address 1501 Eager St

Date Feby 26th 1908

Place of Burial New Cathedral Cemetery

Date Feb. 26th 1908

Undertaker Henry L. Hoede & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

Registered No. B C 9825

C 9825

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrew Gaskin

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: February 15 1907

AGE: ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 2/25 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 24 1908

I HEREBY CERTIFY, That I attended deceased from January 16 1908 to Feb 23 1908 that I last saw him alive on Feb 23 1908, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline St

Date 2-24 1908

Place of Burial New Cathedral

Date February 25 1908

Undertaker Martin J. Ahey Mfg Stone.

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 9825 C 9826

Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rebecca Long.

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH January 24 1908

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address)

Filed 2/25 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 24 1908

I HEREBY CERTIFY, That I attended deceased from January 16 1908 to Feb. 28 1908 that I last saw h[illegible] alive on Feb 23 1908, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) E H Haywood M.D.

Address 1920 Eutaw

Date 2 — 26 1908

Place of Burial Our Cathedral

Date February 25 1908

Undertaker Martin Fahey & Son.

Address 616 Lafayette Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 C 9827 Registered No. B C 9827

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. Vincents Infant Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anthony Snow

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asylum.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR W.

DATE OF BIRTH January 21 1908

AGE ..... years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 2/25 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 23 1908

I HEREBY CERTIFY, That I attended deceased from January 16 1908 to Feb 23 1908 that I last saw her alive on Feb 22 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Arlington Ave

Date Feb 24 1908

Place of Burial New Cathedral

Date February 25 1908

Undertaker Martin Fahey Son.

Address 604 Eutaw St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 9828 Registered No. B C 9828

CERTIFICATE OF DEATH. 155

(Place of Death.) No. 612 George St, Md. Gen Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaac Whittington

{Residence, if in Baltimore, Give Street and Number.} 612 George st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: April 22nd 1889

AGE: 19 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Whittington

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Elevator Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Whittington

(Address) 612 George St.

Filed 2/25 1908 HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 23 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Carbuncle of neck

..... (DURATION) ..... DAYS

Contributory (Primary.) Suicide

..... (DURATION) ..... DAYS

(Signed) Lilian Baldwin M.D.

Address 700 Dolphin St. (Corner)

Date Feby. 23 1908

Place of Burial Mt Auburn Cemetery

Date Feb 26 1908

Undertaker Geo H Hooper

Address 609 Little Rock St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, occupation, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. C 9829

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 9829

Registered No. B .....

City of Baltimore, (No. 657 Wyoth St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

If death occurred in a Hospital or Institution, give its NAME instead of street and number.

FULL NAME Paul Sobbott Sobbott

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Apr. (Month) 16 (Day) 1830 (Year)

AGE: 77 years, 10 months, 7 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

~~FULL NAME~~ OF FATHER: Paul Sobbott

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Madt. Edmonstin

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rhenia Sobbott

(Address) 657 Wyath st.

Filed 2/25 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 25th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 22 1908 to Feb 25 1908 that I last saw h[e] alive on Feb 22 1908, and that death occurred, on the date stated above, at 2 a.m. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 1 DAYS

Contributory Asthma (DURATION) ..... DAYS

(Signed) Edw[illegible] M. D.

Feb 24 1908 (Address) 517 Lex[illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: London Park Cem.

DATE OF BURIAL: Feb. 26 1908

UNDERTAKER: P[illegible] J. Dill & Son

ADDRESS: 746 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

C 9830

1

(Place of Death.) No. 603 Jefferson St (formerly) (City) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ora Canoles

{Residence, if in Baltimore, Give Street and Number.} 603 Jefferson street (number)

Duration of Residence in Baltimore. life time

C. 9830

PERSONAL AND STATISTICAL PARTICULARS

SEX Girl | COLOR White

DATE OF BIRTH March 23rd 1907

AGE ..... years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Allan E. Canoles

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Clara May Spreas

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Allen E Canoles

(Address) 603 Jefferson St

Filed 2/25 1908

HARRY C. ANDRESS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 25-h 1908

I HEREBY CERTIFY, That I attended deceased from Feby 20h 1908 to Feby 24th 1908 that I last saw h er alive on Feby 24th 1908, and that death occurred, on the date stated above, at 7 30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Scarlet Fever Malignant

(DURATION) 5 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Geo H Baines M.D.

Address 21 Nr 25th St

Date Feby 25th 1908

Place of Burial Balto Cemetery

Date Feb. 26th 1908

Undertaker Edw. J. Fanning

Address 1938 E Lafayette av.

8 A. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9831 Registered No. B C 9831

CERTIFICATE OF DEATH. 26

(Place of Death.) No. 142 N. Grove St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Maggie Ryan

{Residence, if in Baltimore, Give Street and Number.} 142 N. Ernest.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH August 18 1874

AGE 33 years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Kerner

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Lottie T. Lorm

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Laundry

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Steven Ryan

(Address) 142 N. Ernest St.

Filed 2/25 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22 1908

I HEREBY CERTIFY, That I attended deceased from Feb 13 1908 to Feb 22 1908 that I last saw her alive on 11 22 1907, and that death occurred, on the date stated above, at 6.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous laryngitis

8 months (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Haun M.D.

Address 1526 Hilton Ave

Date Feb. 24 1908

Place of Burial Holy Cross Cem.

Date Feb 26th 1908

Undertaker Wood. Ryan

Address Bank & Ann Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9832 Registered No. B ..... C 9832

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 226 E. Eager St. Baltimore (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachel Pratt Clarke

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. Forty years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH February 13th 1838

AGE 70 years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Westminster, Md

FULL NAME OF FATHER Thomas G. Pratt

BIRTHPLACE OF FATHER (State or country) Baltimore, Md

MAIDEN NAME OF MOTHER Adaleide Kent

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Adaline Clarke

(Address) 226 E. Eager St

Filed 2/25 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1908 to Feb 24th 1908 that I last saw her alive on Feb. 23rd 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy from occluded artery, Focussed by Cerebritis due from terminal infection

(DURATION) 22 DAYS

~~Contributory (Primary.)~~

~~(DURATION) DAYS~~

(Signed) Nathan R. Porter M.D.

Address 1 W Biddle St

Date Feb. 24th 1908

Place of Burial Loudon Park

Date February 26th 1908

Undertaker F. H. Jenkins & Sons Co

Address 308 N. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9833 Registered No. B ..... C 9833

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~Howard~~ ~~Division~~ ~~Johnson~~ Galford & North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dewitt Clinton Johnson

{ Residence, if in Baltimore, Give Street and Number. } The Guilford " Guilford & North Ave

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 27 1825

AGE 82 years, 6 months, days

~~SINGLE~~, MARRIED, WIDOWED OR ~~DIVORCED~~

BIRTHPLACE (State or country) Frederick Co Md

FULL NAME OF FATHER Thomas W Johnson

BIRTHPLACE OF FATHER (State or country) Frederick Co Md

MAIDEN NAME OF MOTHER Elizeth Worey

BIRTHPLACE OF MOTHER (State or country) Frederick Co

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Worey Johnson

(Address) University of Md

Filed 2/25 1908 HARRY O. ADKINS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24" 1908

I HEREBY CERTIFY, That I attended deceased from Dec 10 1908 to Feb 24" 1908 that I last saw h~~im~~ alive on Feb 23 1908, and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia of Lung

(DURATION) 16 DAYS

Contributory (Primary.) Grippe 9

Epithelioma (DURATION) 30 DAYS

(Signed) Henry B Thomas M.D.

Address 1007 Cathedral St

Date Feb 24" 1908

Place of Burial Baltimore City

Date February 26th 1908

Undertaker H. H. Jenkins & Son Co.

Address 300 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 9834 Registered No. B ..... C 9834

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs R. Smith

{Residence, if in Baltimore, Give Street and Number.} # 8 W. Madison

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Oct 1860

AGE: 47 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): Talbot Co.

FULL NAME OF FATHER: David C. Smith

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sally Lloyd

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 2/25 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 24/II 1908

I HEREBY CERTIFY, That I attended deceased from 12/II 1908 to 24/II 1908

that I last saw h[illegible] alive on 24/II 1908,

and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(Finger became infected from cut received while performing a surgical operation)

(DURATION) 12 DAYS

Con'tributory (Primary) Operation

Wound (DURATION) 14 DAYS

(Signed) W. S. Thayer M.D.

Address 406 Cathedral St

Date 24/II 1908

Place of Burial Wye House Talbot Co Md

Date February 26th 1908

Undertaker H. W. Jenkins & Sons Co

Address 300 N. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 9835 Registered No. B

CERTIFICATE OF DEATH. 176

(Place of Death.) No. Saint Pk Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John W. Schreck

{ Residence, if in Baltimore, Give Street and Number. } ~~1502 Bond St.~~ 1408 Hull St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 24 1883

AGE: 24 years, 4 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Schreck

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Iola Broad

BIRTHPLACE OF MOTHER (State or country): Annapolis Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bert. E Kraft

(Address) 1408 Hull st.

Filed 2/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24th 1908

I HEREBY CERTIFY, That I attended deceased from As known 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Suffocation, accidentally fallen in a tub of water, in Elevator B. at Saint Pk. Dr Kahn Coroner (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) J. D. Gilbert M.D. Coroner

Address 711 N. Eutaw

Date 2.24 1908

Place of Burial Cedar Hill Cem.

Date Feb 27th 1908

Undertaker Jos. Hunteloke

Address 1318 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 9836 Registered No. B C 9836

179

CERTIFICATE OF DEATH.

(Place of Death.) No. Swindells Mass Factory St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lockman

{ Residence, if in Baltimore, Give Street and Number. } 105 E. Church St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Nov 11 + 1859

AGE 48 years, 3 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Conrad Lockman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaretta Deibel

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Johnson

(Address) 1208 Riversideave

Filed 2/26 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 20 1908 to Feb 24 1908

that I last saw h alive on 190

and that death occurred, on the date stated above, at 2.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure -

Sudden -

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. D. Gilbert coroner M.D.

Address 211 W. Lanvale st.

Date 2-24- 1908

Place of Burial Western Cemetery

Date Feb 26th 1908

Undertaker Jos. Stuntebeck

Address 318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C 9837 Registered No. B C 9837

CERTIFICATE OF DEATH. 156

(Place of Death.) No. 1606 E. Fayette St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard T. MacNeal

{Residence, if in Baltimore, Give Street and Number.} 1606 E. Fayette St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Feb 9 1874

AGE 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Chas L. MacNeal

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah E.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas L. MacNeal

(Address) 1606 E Fayette St

Filed 2/25 8 190

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 6.45 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Suicide by Gas

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred'k Carrithers M.D.

Address Coroner's Office

Date Feb 25 - 08 190

Place of Bu[redacted] Cemetery

Date Feb 26 190 8

Undertaker Albert E Fuller

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9838 Registered No. B C 9838

CERTIFICATE OF DEATH. 17

(Place of Death.) No. 206 N. Strieker St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John M. DeSwan

{Residence, if in Baltimore, Give Street and Number.} 206 N. Strieker St.

Duration of Residence in Baltimore. about 8 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 10 1870

AGE 33 years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Belair Md

FULL NAME OF FATHER Christopher H DeSwan

BIRTHPLACE OF FATHER (State or country) Churchville Md

MAIDEN NAME OF MOTHER Alice M Jones

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Alice M DeSwan

(Address) 206 N Strieker St

Filed 2/25 1908

HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 13th 1907 to Feb. 24th 1908

that I last saw h alive on Feb. 23d 1908

and that death occurred, on the date stated above, at 12.30 a M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis } 6 mos
T. B. abscess on } 2 yrs
cord of the Ilium

(DURATION) DAYS

Contributory (Primary) Asthenia

(DURATION) 10 DAYS

(Signed) A. F. Reis M.D.

Address 213 S. Broadway

Date Feb. 24th 1908

Place of Burial Baltimore Cemetery Aberdeen Md

Date February 26 1908

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

C 9839 Registered No. B C 9839

CERTIFICATE OF DEATH.

(Place of Death.) No. 541 E 23rd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Ann Roush

{Residence, if in Baltimore, Give Street and Number.} 541 E 23rd St

Duration of Residence in Baltimore. Three Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 26th 1842

AGE: 65 years, 7 months, days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Penn

FULL NAME OF FATHER: Robert Bleckler

BIRTHPLACE OF FATHER (State or country): Penn

MAIDEN NAME OF MOTHER: Catharine Brumgard

BIRTHPLACE OF MOTHER (State or country): Penn

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Roy Roush

Address: 541 E 23rd St

Filed 2/25 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 25 1908

I HEREBY CERTIFY, That I attended deceased from Feby 21 1908 to Feby 25 1908

that I last saw her alive on Feby 25 1908,

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

1 (DURATION) DAYS

Contributory (Primary.) Grip

Grip 4 (DURATION) DAYS

(Signed) J. H. Robinson M.D.

Address 726 E. Pleasant St

Date Feby 25 1908

Place of Burial Mifflinburg Pa.

Date Feby 28th 1908

Undertaker Stewart-Pinover Co

Address 218 Park ave

WM. J. C. DULANY CO., BALTIMORE

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 9840 Registered No. B C 9840

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 836 Tyson st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Sarah Houston

{Residence, if in Baltimore, Give Street and Number.} 836 Tyson st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: July 3rd 1908

AGE: — years, — months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm. Gibson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Houston

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Gibson

(Address) 836 Tyson St.

Filed 2/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus & Congenital debility

from birth (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Balcom M.D.

Address 701 Log. and Comm.

Date July. 22 1908

Place of Burial COLLEGE OF P. & S

Date FEB 24 1908 190

Undertaker Commissioner Health,

Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

42

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

64

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 9841

Registered No. B.....

City of Baltimore, (No. 1017 McCulloh St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Theodore C. Cooper

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 74 years, 11 months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Frederick Co Md

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " " " "

MAIDEN NAME OF MOTHER: " " " "

BIRTHPLACE OF MOTHER (State or country): " " " "

OCCUPATION OF DECEASED: Locksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mollie Robb

(Address) .....

Filed Feb 26 " 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 23rd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 22nd, 1908 to Feb. 23rd, 1908

that I last saw him alive on " " 1908,

and that death occurred, on the date stated above, at 2.55 P. M. The CAUSE OF DEATH was as follows:

Apoplexy,

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Blanche C. Price M. D.

Feb. 24th 1908 (Address) 1012 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	2/26 1908
UNDERTAKER	**ADDRESS**
J. J. Schilling	98 Park[illegible]

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — Registered No. B C 9842

C 9842

155

CERTIFICATE OF DEATH.

(Place of Death.) No. Bd. Mun. Hosp. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Maggie Conrad

{Residence, if in Baltimore, Give Street and Number.} 119 E. Clements

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH Dec. 1863

AGE 42 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER John Crowl.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Charlotte Hendrick.

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Factory girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Giles (sister)

(Address) Lelonge st.

Filed 2/26 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23d 1908

I HEREBY CERTIFY, That I attended deceased from Ad 1908 to 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at 6

11. CAUSE OF DEATH (Secondary or Immediate.)

Catholic and Person, Eaten with Suicidal intent

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Schlentz M.D. Coroner

Address 211 N. Lanvale

Date 2. 24. 1908

Place of Burial Cedar Hill Cemetery

Date 2/26 1908

Undertaker J. Tim McCully

Address 39 E. Fort ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 C 9843 Registered No. B C 9843

CERTIFICATE OF DEATH.

(Place of Death.) No. 1613 Ludlow St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ethel R. E. Link

{Residence, if in Baltimore, Give Street and Number.} 1613 Ludlow St

Duration of Residence in Baltimore. life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. | COLOR White

DATE OF BIRTH Feb 17 1906

AGE 2 years, months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sing

BIRTHPLACE (State or country) Bc

FULL NAME OF FATHER Frank S. Link

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Emma Marsh

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank E Link

(Address) 1613 Ludlow

Filed 2/26 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23 1908

I HEREBY CERTIFY, That I attended deceased from Feb 15 1908 to Feb 23 1908 that I last saw h alive on Feb 15 1908, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

1 Tuberculosis of Lungs

(DURATION) 3 mos

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. P. Strauss M.D.

Address 1606 Light St.

Date Feb 24 1908

Place of Burial Mt Olivet Cem

Date Feb 26 1908

Undertaker J E Evans & Son

Address 1428 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 9844 Registered No. B C 9844

CERTIFICATE OF DEATH.

166

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob F. Williams

{Residence, if in Baltimore, Give Street and Number.} 1404 E Chase St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH November 4th 1852

AGE 55 years, 3 months, 20 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jacob Williams

BIRTHPLACE OF FATHER (State or country) Delaware

MAIDEN NAME OF MOTHER Mary Winchester

BIRTHPLACE OF MOTHER (State or country) not known

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Raymond Williams Son

(Address) 1404 E Chase st

Filed 2/26 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 25 — 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Fracture of Skull (Acc)

Struck by Car (DURATION) 1532. DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Carrell M.D.

Address Coroner Dept

Date Feb. 26 — 08 1908

Place of Burial Greenmount Cemetery

Date February 27th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 9845 Registered No. B C 9845

CERTIFICATE OF DEATH.

43

(Place of Death.) No. 222 N Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Arthur Young

{Residence, if in Baltimore, Give Street and Number.} 222 N. Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH 1

AGE X years, 10 months, X days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/26 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 21 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 8 ... M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Rudolph Carullo M.D.

Address Coroner's Office

Date Feb. 21—08 190

Place of Burial COLLEGE OF P. & S

Date FEB 25 1908 190

Undertaker Commissioner Health,

Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

43

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9846 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Mrs Station N. Charles. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas L. Ahler

{Residence, if in Baltimore, Give Street and Number.} 938 Madison Ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 26th 1851

AGE: 56 years, 5 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Erasmus Ahler

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elizabeth —

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Dr. John Ahler

(Address) 938 Madison ave

Filed 2/26 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24— 1908

I HEREBY CERTIFY, That I attended deceased from Feb 20 1908 to — 190..

that I last saw h— alive on — 190..

and that death occurred, on the date stated above, at 11.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease.

(DURATION) — DAYS

Con'tributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 216 N. Caroline St

Date Feb. 25— 1908

Place of Burial Greenmount Cemetery

Date Feby 27" 1908

Undertaker Chas. F. Evans

Address 118 & 120 W. Mt Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

C 9847

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 752, W. Mulberry St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles A Giller

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: February (Month) 21 (Day) 1825 (Year)

AGE: 83 years, ... months, 3 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Radecke

(Address) 1100 Myrtle Ave

Filed 2/26 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 24th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from February 15 1908 to Febr. 24 1908 that I last saw him alive on Febr. 24 1908, and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) ..... DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) M. E. Radwitzer M. D.

Febr. 25 1908 (Address) 814 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. | DATE OF BURIAL: Feb 26th 1908

UNDERTAKER: Philip Seward & Son | ADDRESS: 119 S. Eutaw

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 3 — C 9848 — Registered No. B C 9848

CERTIFICATE OF DEATH.

37

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name May Jenkins

{Residence, if in Baltimore, Give Street and Number.} 46 Salisbury Court

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: Col.

DATE OF BIRTH: 1

AGE: 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lomar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 2/26 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 19 1908 to Feb. 24 1908

that I last saw h— alive on Feb. 24 1908,

and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Feb. 24 1908

Place of Burial Sacred Heart

Date Feby 26" 1908

Undertaker Chas. F. Evans

Address 118 & 120 W. Mt. Royal Ave.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 9849 Registered No. B C 9849

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Ballard Ogier

{ Residence, if in Baltimore, Give Street and Number. } 2100 Bolton Ave.

Duration of Residence in Baltimore. 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: February 23 rd 1908

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Herbert L. Ogier

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Elizabeth Ballard

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert L. Ogier

(Address) 2100 Bolton Ave.

Filed 2/26 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25 1908

I HEREBY CERTIFY, That I attended deceased from Feb 23 1908 to Feb 25 1908 that I last saw h alive on Feb 25 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Faulty intrauterine development

(Faulty intrauterine development.)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. H. Buchanan M.D.

Address 2200 Eutaw Pl

Date Feb 25 1908

Place of Burial Greenmount Cemetery

Date February 26th 1908

Undertaker William M. Gaethrop.

Address North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate, setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 9 Registered No. B C 9850

C 9850

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1715 Lamont Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Edna Riley

{Residence, if in Baltimore, Give Street and Number.} 1715 Lamont Ave.

Duration of Residence in Baltimore. 1715 Lamont Ave.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 11/07

AGE — years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Arthur Riley

BIRTHPLACE OF FATHER (State or country) Balto. Co. Md.

MAIDEN NAME OF MOTHER Edna Straub

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur Riley

(Address) 1715 Lamont Ave.

Filed 2/26 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 24, 1908

I HEREBY CERTIFY, That I attended deceased from Feb 24, 1908 to Feb 24 1908

that I last saw her alive on Feb 24, 1908

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. A. Clowell M.D.

Address 1241 Harford ave

Date Feb 24, 1908

Place of Burial Baltimore Cemetery

Date February 26 1908

Undertaker Henry Storck & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B ... C 9851

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1138 Forrest Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Nolan

{Residence, if in Baltimore, Give Street and Number.} 1138 Forrest Place

Duration of Residence in Baltimore... 60 years C 9851

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ... 1 ...

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Martin Nolan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. James M. Nolan

(Address) 1039 Hanford Ave.

Filed 2/26 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 24th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 24 1908 to Feb 24 1908 that I last saw h[illegible] alive on Feb 24 1908, and that death occurred, on the date stated above, at 6 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Lobar)

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Wm. Pearce M.D.

Address 1238 Fremont Ave

Date Feb 25-4 1908

Place of Burial St. Mary's Cemetery (Govanstown)

Date February 27 1908

Undertaker Henry Hoerle & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 9852 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 433 E. 25th st. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number) 154

Full Name James A. Skinner

{ Residence, if in Baltimore, Give Street and Number. } Lifetime

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 11 1818

AGE 89 years, 11 months, 14 days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Georgetown St.

FULL NAME OF FATHER Dont no.

BIRTHPLACE OF FATHER (State or country) Dont no.

MAIDEN NAME OF MOTHER Dont no.

BIRTHPLACE OF MOTHER (State or country) Dont no

OCCUPATION OF DECEASED Ship Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William F Hampe

(Address) 433 E. 25th st.

Filed 2/26 1908

HARRY C. ANDR[illegible] Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 15th 1908 to Feb 25th 1908 that I last saw h in alive on Feb 28th 1908, and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) DAYS

Con ributory (Primary)

(DURATION) DAYS

(Signed) W H Pearce M.D.

Address 205 S. Charles st

Date Feb 25th 1908

Place of Burial Greenmount

Date Feb 27 1908

Undertaker Wm. Cook

Address 502 E. Worth ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 — C 9853 Registered No. B C 9853

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 502 N. Fulton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick W. Gith

{Residence, if in Baltimore, Give Street and Number.} 502 N Fulton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male.	white

DATE OF BIRTH: May 11 1906

AGE: 1 year, 9 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Frederick W. Gith

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Ida M. Snyder

BIRTHPLACE OF MOTHER (State or country): Penna.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick W. Gith

(Address) 502 N. Fulton ave

Filed 2/26 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 24th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1907 to Feb. 24 1908 that I last saw him alive on Feb 24 1908 and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Entero - Colitis

5 months sick (DURATION) DAYS

Con'tributory (Primary.) Exhaustion -

(DURATION) 2 DAYS

(Signed) Chas. H. Burbert, M.D.

Address 1100 W. Lafayette,

Date Feb. 25th 1908.

Place of Burial London Park Cem.

Date February 26 1908

Undertaker Harry W. Ellen

Address 1944 Div. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C 9854 Registered No. B C 9854

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 117 E Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Jane Hirsch

{Residence, if in Baltimore, Give Street and Number.} 117 E. Cross St

Duration of Residence in Baltimore. Life C.9854

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April - 19 1839

AGE 68 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Fred Indutch

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Jenkins

(Address) 117 E Cross St

Filed 2/26 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 23 1908

I HEREBY CERTIFY, That I attended deceased from Feby 2 1908 to Feby 23 1908 that I last saw her alive on Feby 23 1908, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) 21 DAYS

Contributory (Primary) Nephritis

(DURATION) DAYS

(Signed) W. L. Smith M.D.

Address 528 Hanover St

Date Feby 24 1908

Place of Burial Old Cemetery

Date Feb. 27 1908

Undertaker Wm J. Jenkins Sons

Address Cor Smith Hanover and Lee sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9855 Registered No. B C 9855

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1106 Hollins St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Zell

{Residence, if in Baltimore, Give Street and Number.} 1106 Hollins St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: Nov. 20, 1832.

AGE: 75 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Henry Zell.

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: Barbara Keller.

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Painter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H. Zell.

(Address) 1106 Hollins St

Filed 2/26 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1908 to Feb. 24 1908 that I last saw h[illegible] alive on Feb 23 1908, and that death occurred, on the date stated above, at 7.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bright's.

(DURATION) 23 DAYS

Contributory (Primary.) Senility.

(DURATION) DAYS

(Signed) M. O'Neill M.D.

Address 1315 Hollins St

Date Feb. 24. 1908.

Place of Burial McCamel ✓

Date Feb 26 1908

Undertaker Wm J Tickner & Son

Address Camden & Paca sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 9856

CERTIFICATE OF DEATH. 61

(Place of Death.) No. ~~818~~ 813 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna Rosalee Cutazar

{ Residence, if in Baltimore, Give Street and Number. } ~~818~~ 813 Hollins

Duration of Residence in Baltimore. Life

A 9856

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ~~April~~ Feb 24 1906

AGE ..... years, 10 — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER James H. Cutazar

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Minnie H. Dibbels

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Cutazar

(Address) 813 Hollins St

Filed 2/26 1908 ISAAC C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24 1908

I HEREBY CERTIFY, That I attended deceased from Feb 13 1908 to Feb 24 1908 that I last saw h er alive on Feb 24 1908, and that death occurred, on the date stated above, at 10^3 P M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

(DURATION) 4 DAYS

Contributory (Primary.) Tuberculosis

(DURATION) 11 DAYS

(Signed) Harry Bruff M.D.

Address 62 Columbus Ave

Date Feb 26 1908

Place of Burial London Park

Date Thurs Feb 27 1908

Undertaker W. J. Treckmeyer & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 James Bowly C 9857 Registered No. B C 9857

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1810 Thomas Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. E. C. Saunders

{Residence, if in Baltimore, Give Street and Number.} 1810 Thomas Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: R Hulton Saunders

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Crowley

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R Hulton Saunders

(Address) 1810 Thos ave

Filed 1/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 25 1908

I HEREBY CERTIFY, That I attended deceased from Jany 16" 1908 to Jany 26 1908 that I last saw h er alive on Jany 20 1908 and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Inanition &
Malnutrition

2 weeks (DURATION) DAYS

Contributory (Primary.) Exhaustion, (DURATION) 8 DAYS

(Signed) Thomas J. Talbott M.D.

Address 1701 Eutaw Pl

Date Jany 26" 1908

Place of Burial Back Bay

Date Feb 26 th 1908

Undertaker John J. Humphries

Address 1422 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9858 Registered No. B C 9858

CERTIFICATE OF DEATH.

19

(Place of Death.) No. St. Joseph's Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Bell

{Residence, if in Baltimore, Give Street and Number.} 724 N. Wolfe St.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Robinson

BIRTHPLACE OF FATHER, (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Ann Robinson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Annie Taylor

(Address) 2506 E Lombard st

Filed 2/26 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 25 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 28 1908 to Feb 25 1908

that I last saw h Er alive on Feb. 25 1908,

and that death occurred, on the date stated above, at 8.3[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of lungs

3 hours (DURATION) ..... DAYS

Con'tributory (Primary.) Chronic

myocarditis (DURATION) ? DAYS

(Signed) Wm. Pohmtz M.D.

Address St. Joseph's Hosp

Date Feb 25 1908

Place of Burial Baltimore Cemetery

Date February 27th 1908

Undertaker H. Allen Fuller

Address 2013 E Baltimore st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single), of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C 9859

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1610 John St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Horace Hills Jr

{Residence, if in Baltimore, Give Street and Number.} 1610 John St

C 9859

Duration of Residence in Baltimore. 14 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE in his 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Conn "

FULL NAME OF FATHER Horace Hills

BIRTHPLACE OF FATHER (State or country) Buffalo N.Y.

MAIDEN NAME OF MOTHER Elizabeth Roberts

BIRTHPLACE OF MOTHER (State or country) Conn

OCCUPATION OF DECEASED Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charlotte Hills Prop

(Address) 1610 John St

Filed 2/26 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 19 1908 to Feb. 24 1908 that I last saw h[illegible] alive on Feb. 24 1908, and that death occurred, on the date stated above, at 10.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) James C. Clark M.D.

Address 1201 Madison Ave

Date Feb. 25 1908

Place of Burial Williamsport Penna

Date Feb 26 1908

Undertaker David McLean Co

Address 833 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 9860

Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 139 W. Hill St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia Lyons

{Residence, if in Baltimore, Give Street and Number.} 139 W. Hill St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Ray Lyons

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Butler

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Lyons

(Address) 139 W. Hill

Filed 2/26 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23 1908

I HEREBY CERTIFY, That I attended deceased from Feb 18 1908 to Feb 23 1908 that I last saw h[illegible] alive on Feb 23 1908, and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or, Immediate.)

Pneumonia

(DURATION) 7 DAYS

Con'ributory (Primary) Heart Failure

(DURATION) 5 DAYS

(Signed) [illegible] M.D.

Address 412 S. Stricker

Date Feb 26th 1908

Place of Burial Mt. Auburn

Date Feb 26, 1908

Undertaker John H. Toadvine

Address 142 W. Hill

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7 — C 9861 — Registered No. B C 9861

CERTIFICATE OF DEATH.

(Place of Death.) No. Pier 28 Fourth St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm A Smith -

{ Residence, if in Baltimore, Give Street and Number. } 645 - Wayne St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: colored

DATE OF BIRTH: [illegible]

AGE: 38 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Samuel Smith

BIRTHPLACE OF FATHER (State or country): S md

MAIDEN NAME OF MOTHER: Carrie Smith

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Smith

(Address) 645 Wayne St

Filed 2/26 1908 — MARK C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24 1908

I HEREBY CERTIFY, That I attended deceased from Feb 20 to 24 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease, Lues

Pneumonia Bronchi

death Sudden

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lehbart M.D. Coroner

Address 211 N. Laurens

Date 2. 24 1908

Place of Burial Mt. Auburn

Date Feb. 27, 1908

Undertaker John H. Toadvine

Address 142 Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — C 9862 — Registered No. B C 9862

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1241 Mulliken St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Braxton

{Residence, if in Baltimore, Give Street and Number.} 1241 Mulliken St

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: Col.

DATE OF BIRTH: 1

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Everett Segar

(Address) 315 Bruce St.

Filed 2/26 1908

HARRY C. INDRIESS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 25, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 24 1908 to Feb 25 1908

that I last saw h alive on Feb 24 1908.

and that death occurred, on the date stated above, at 4 P M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Pulmonalis

(DURATION) 6 mos

Contributory (Primary)

(DURATION) 2 yrs

(Signed) D E Lilly M.D.

Address 207 Cromwell St

Date Feb 26 1908

Place of Burial Essex Co. Va Ware's Wharf.

Date Feb. 28-08 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 9863

CERTIFICATE OF DEATH.

74

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mrs Sarafhine J. Bodkin.

{ Residence, if in Baltimore, Give Street and Number. } Church Home & Infirmary

Duration of Residence in Baltimore. ——

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: 1863

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. C. Trenkhan

(Address) Church Home & Infirmary

Filed 2/26 1908

HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 25 1908

I HEREBY CERTIFY, That I attended deceased from September 20 1907 to February 25 1908 that I last saw h.. alive on February 25 1908, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate.)

General debility

..... (DURATION) ..... DAYS

Contributory (Primary.) Multiple neuritis

..... (DURATION) ..... DAYS

..... (DURATION) ..... DAYS

(Signed) Charles H. Stubenrauch M.D.

Address Church Home & Infirmary

Date February 25 1908

Place of Burial St. Marys Cem. Govans

Date Feb. 27 1908

Undertaker J. J. Fahey

Address 1253 William St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 9864

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

42

CERTIFICATE OF DEATH.

C 9864

Registered No. B.....

City of Baltimore, (No. 1712 N. Monroe St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bridget Kelly

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 68 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Hickey

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Rose Kelly

(Address) 1712 N. Monroe St

Filed 2/26 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February (Month) 24th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 17th 1908 to Feb. 24th 1908

that I last saw h— alive on Feb. 24th 1908,

and that death occurred, on the date stated above, at 11-30 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of uterus

(DURATION) 3 mo. DAYS

Contributory Exhaustion

(DURATION) 2 DAYS

(Signed) Wm. Nicholls M. D.

Feb. 25 1908 (Address) 30 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: 2/27 1908

UNDERTAKER: Crowley Bros | ADDRESS: 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12th C 9865 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1722 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hilda Yingling

{ Residence, if in Baltimore, Give Street and Number. } 1722 Canton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 1893

AGE: 14 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: H- Yingling

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Heinemann

(Address) 1746 Canton Ave

Filed 2/26 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 24th 1908

I HEREBY CERTIFY, That I attended deceased from Feby 18th 1908 to Feby 24th 1908

that I last saw h- alive on Feby 24th 1908

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 8 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edw. M. Smigwood M.D.

Address 5 N. Washington St

Date Feby 25th 1908

Place of Burial Trinity Cem

Date Feb 27th. 1908

Undertaker H- Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

Registered No. B 9800 C 9866

CERTIFICATE OF DEATH.

(Place of Death.) No. 161 St Joseph Hospital

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Edward Maccubbin

{Residence, if in Baltimore, Give Street and Number.} 1707 Hope St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Joseph Maccubbin

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Rosie Kelly

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Macubbin

(Address) 1707 Hope St.

Filed 2/26 1908 HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 25 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 10 15 M.

CAUSE OF DEATH (Secondary or Immediate.)

Burns of body. (Acc.)

Playing with matches

DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Fredk Carullus M.D.

Address Coroners Office

Date Feb 26 - 08. 1908

Place of Burial New Cathedral Cemetery

Date February 28th 1908

Undertaker Henry Hoeck Son

Address 301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Victor Bond,

{Residence, if in Baltimore, Give Street and Number.} Harford County, Md.

Duration of Residence in Baltimore.

C. 9867

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: .....1.....

AGE: 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co. Md

FULL NAME OF FATHER: John Bond

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: Clarton

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W Tomlinson

(Address) Sparrows Point

Filed 2/26 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 26 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 13 1908 to Feb 26 1908

that I last saw h— alive on Feb. 25 1908,

and that death occurred, on the date stated above, at 5.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Uremia + Eclampsia

(DURATION) 15 DAYS

Con'tributory (Primary) Chronic Nephritis + Cellulitis of arm

(DURATION) DAYS

(Signed) John F. Moore M.D.

Address St Josephs Hospital

Date Feb. 26 1908

Place of Burial Bradshaw Md

Date July 26 1908

Undertaker John J. Cowan

Address 901 Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 9868 Registered No. B

CERTIFICATE OF DEATH.

C. 9868 155

(Place of Death.) No. St. Joseph Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pauline Kraune

{Residence, if in Baltimore, Give Street and Number.} 1412 E Lombard

Duration of Residence in Baltimore. 4 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Australia

FULL NAME OF FATHER Bernhil Gross

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ida Gross

BIRTHPLACE OF MOTHER (State or country) Estrael

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant A. Gross

(Address) 1412 E Lombard st

Filed Feb 27 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 26 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 10.40 a m. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Ac Carbol

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fedor Carullen M.D.

Address Corner Nees

Date Feb 26 08 190

Place of Burial Hebrew Rising Rose Cem

Date Feb. 27, 08 190

Undertaker Max Lemmer

Address 1620 Mt Elderyent

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 C 9869 Registered No. B C 9869

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 641 Wayne Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sarah Knock (Knocks)

{Residence, if in Baltimore, Give Street and Number.} 641 Wayne Ave

Duration of Residence in Baltimore. 20 yrs C.9869

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 21 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Isaac Nock

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Mariah Nickson

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mariah Nickson

(Address) 641 Wayne St

Filed Feb 27 1908

J. O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1 1908 to Feb 24 1908

that I last saw her alive on Feb 24 1908,

and that death occurred, on the date stated above, at 4 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Bronchitis (F.B.)

(DURATION) 25 DAYS

Con'ributory (Primary.) Pneumonia

(DURATION) 3 DAYS

(Signed) C. W. Fenton M.D.

Address 1125 Stiles St

Date Feb 26th 1908

Place of Burial Baltimore Md Accomac Co. Va

Date Feb. 27, 1908

Undertaker John H. Toadvine

Address 142 W Hill

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 9870 Registered No. B C 9870

CERTIFICATE OF DEATH. 61

(Place of Death.) No. 1527 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Klages

{Residence, if in Baltimore, Give Street and Number.} 1527 Argyle Ave

Duration of Residence in Baltimore. 2 47 Jrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: January 4 1842

AGE: 66 years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Hugh Hueston

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Joerdens

(Address) 217 S. Paca

Filed 2/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 26 1908

I HEREBY CERTIFY, That I attended deceased from Feb 20 1908 to Feb 26 1908

that I last saw her alive on Feb 25 1908,

and that death occurred, on the date stated above, at 10.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Albuminuria prior
from Arterio Sclerosis -
death by Coma

(DURATION) DAYS

Contributory (Primary) Arterio Sclerosis

(DURATION) DAYS

(Signed) A C Pole M.D.

Address 2038 Madison Ave

Date Feb. 26 1908

Place of Burial London Park Cem

Date Feb 29 1908

Undertaker Jos. Joerdens, Son

Address 217 S. Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 9871 Registered No. B C 9871

CERTIFICATE OF DEATH.

(Place of Death.) No. 2026 Boyd St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Richards

{Residence, if in Baltimore, Give Street and Number.} 2026 Boyd St.

Duration of Residence in Baltimore. 21 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH

AGE 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Thomas Richards

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anne E Tucker

(Address) 2026 Boyd St

Filed 2/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25, 1908

I HEREBY CERTIFY, That I attended deceased from Feb 17 1908 to Feb 25 1908 that I last saw him alive on Feb 24, 1908, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Chronic nephritis

(DURATION) DAYS

Contributory (Primary.) old age

(DURATION) DAYS

(Signed) E. A. Dickey, M.D.

Address 14 N. Monroe St

Date Feb. 25, 1908

Place of Burial Carters Cemetery Belair

Date Feby 27th 1908

Undertaker Geo A Gerber

Address 14 S Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 9872 Registered No. B C 9872

164

CERTIFICATE OF DEATH.

(Place of Death.) Maryland Emerl Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachael Freund

{Residence, if in Baltimore, Give Street and Number.} 1512 E. Monument St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: —— 1 ——

AGE: 87 years, —— months, —— days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Queen Anns Co Md

FULL NAME OF FATHER: Daniel Wilcox

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Hollingsworth

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles F French

(Address) 1404 N Gilmore St

Filed 2/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 26 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 14 1908 to Feb 26 1908

that I last saw her alive on Feb 26 1908,

and that death occurred, on the date stated above, at 4:40 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Hypostatic Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Fracture of right Hip (falling in room) (DURATION) 12 DAYS

(Signed) W. W. Bowry M.D.

Address Maryland Emerl Hosp.

Date Feb. 26, 1908

Place of Burial Loudon Park Cemetery

Date Feby 28 1908

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9873 Registered No. B .....

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 920 McCullough St St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward R. Price

{Residence, if in Baltimore, Give Street and Number.} 920 McCullough St

Duration of Residence in Baltimore 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Co.

FULL NAME OF FATHER: ~~John~~ Edward R. Price

BIRTHPLACE OF FATHER (State or country): Baltimore Co

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Baltimore Co

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry H. Price

(Address) 1419 McCullough St

Filed 2/27 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 26 1908

I HEREBY CERTIFY, That I attended deceased from Oct 15 1907 to Feby 25 1908

that I last saw him alive on Feby 25 1908

and that death occurred, on the date stated above, at 10 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 3 DAYS

Contributory (Primary.) Cardiac Asthenia & Arteri Sclerosis (DURATION) ..... DAYS

(Signed) W. Andrews M.D.

Address 742 N Fayette St

Date Feby 28 1908

Place of Burial Forest Hill Harford Co Md

Date Feby 29th 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, who when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 6 C 9874 Registered No. B C 9874

CERTIFICATE OF DEATH. 30

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam. Reus.

{ Residence, if in Baltimore, Give Street and Number. } 123 N. Castle st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: W.

DATE OF BIRTH: 1

AGE: 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: George J. Reus

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Magdalena ——

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/27 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 26 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 10 1908 to Feb. 25 1908

that I last saw him alive on Feb. 25 1908

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pott's Disease

(DURATION) DAYS

(Signed) Roth. P. Bay M.D.

Address Bay View

Date Feb. 25 1908

Place of Burial Holy Redeemer

Date Feb. 28 1908

Undertaker Trundell Dippel & Son

Address 330 S. Bond st.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9875 Registered No. B C 9875

155

CERTIFICATE OF DEATH.

(Place of Death.) No. 1305 W- Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Typhosa S. Meir

{Residence, if in Baltimore, Give Street and Number.} 1305 W Lombard

Duration of Residence in Baltimore. 23 yrs C 9875

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 1 1867

AGE 40 years, 3 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER Everhart

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Typhosa Smedley

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elsie V. Muller

(Address) 1305 W Lombard St

Filed 2/27 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb - 26 1908

I HEREBY CERTIFY, That I attended deceased from Jan 19 to Feb 26 1908

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate)

Drank Carbolic acid with suicidal intent

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Frank Jones M.D.

Address Coroners

Date Feb - 26 1908

Place of Burial Greenmount Cem

Date Feb 28 1908

Undertaker Jos B Cook

Address 100 S Wolfe St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 9876 Registered No. B C 9876

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 608 Brune St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William P. Osborn

{Residence, if in Baltimore, Give Street and Number.} 608 Brune St.

Duration of Residence in Baltimore. Whole Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1866

AGE 41 years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Wm Henry Osborn

BIRTHPLACE OF FATHER (State or country) Harford Co Md

MAIDEN NAME OF MOTHER Louisa M. Bell

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella V Osborn

(Address) 1216 Linden ave

Filed 2/27 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 26 - 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Feb. 26 1908 that I last saw him alive on Feb 25 - 1908, and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

about 15 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. M. Cook M.D.

Address 1101 W Lanvale St.

Date Feb - 26 - 1908

Place of Burial Loudon Park

Date February 28 1908

Undertaker E Madison Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

C. 9877

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 2909 E Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Mary Fitzberger

{ Residence, if in Baltimore, Give Street and Number. } 2909 E. Baltimore st.

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 17 1832

AGE: 75 years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Kaiser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Kaiser

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Fitzberger

(Address) 514 S. Broadway

Filed 2/27 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 25th 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to Feb 25 1908

that I last saw her alive on Feb 1908

and that death occurred, on the date stated above, at 3.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

a few days (DURATION)

Contributory (Primary.) Arteriosclerosis

(DURATION) 5 DAYS

(Signed) Geo. L. Whitlock M.D.

Address 614 N. Paca

Date February 26th 1908

Place of Burial Bachmans Run

Date February 28th 1908

Undertaker H. Allen Fuller

Address 2013 E Baltimore st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C 9878 Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 745 Paca court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Lekubbeid

{Residence, if in Baltimore, Give Street and Number.} 745 Paca Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sin

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Unk.

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Chemistry Drugs

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Fields

(Address) 120 N. Gunther st

Filed 2/27 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 25 1908

I HEREBY CERTIFY, That I attended deceased from Feb 22 1908 to Feb 24 1908 that I last saw him alive on Feb 24 1908 and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

3 months (DURATION) DAYS

Contributory (Primary.) Anthrax

(DURATION) 1 DAYS

(Signed) J. E. Timmis M.D.

Address 856 E Columbia

Date Feb 25 1908

Place of Burial Cedar Hill

Date Feb 27 1908

Undertaker John L. Fields

Address 120 N. Gunther st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 9879 Registered No. B C 9879

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1016 Linden Ave. ~~St.~~ (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Margaret A. Amos.

{ Residence, if in Baltimore, Give Street and Number. } 1016 Linden Ave.

Duration of Residence in Baltimore. 4 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	——— 1
AGE	93 years, ——— months, ——— days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Pa.
FULL NAME OF FATHER	Samuel H. Amos
BIRTHPLACE OF FATHER (State or country)	Pa.
MAIDEN NAME OF MOTHER	Margaret A. Wilkerson
BIRTHPLACE OF MOTHER (State or country)	Pa.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Amos

(Address) Philadelphia Pa.

Filed 2/27 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 25th 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 20 1908 to Feb. 25th 1908 that I last saw her alive on Feb. 25th 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Influenza (DURATION) 2 DAYS

Contributory (Primary.) Myocarditis, Cardiac asthenia (DURATION) — DAYS

(Signed) W. F. Carr, Jr. M.D.

Address 515 Mosher St.

Date Feb. 25th 1908

Place of Burial West Chester, Pa.

Date Feb. 28 1908

Undertaker Alex. Hemsley.

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9880 Registered No. B .....

CERTIFICATE OF DEATH. C. 9880

(Place of Death.) No. 1132 Milmore ae St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Willie Johnson

{ Residence, if in Baltimore, Give Street and Number. } 1132 Milmore alley

Duration of Residence in Baltimore. 6 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	mulatto

DATE OF BIRTH: 1

AGE: about 6 mos ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): not known

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): not known

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen Carter (Care Taker)

(Address) 1132 Milmore ae.

Filed 2/27 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 25 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 31 1908 to Feb. 24 1908 that I last saw him alive on Feb. 24 1908, and that death occurred, on the date stated above, at 12 noon

11. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 4 DAYS

Contributory (Primary.) Marasmus

(DURATION) 5 months

(Signed) M. A. Mahler M.D.

Address 1711 Madison Ave.

Date Feb. 25, 1908

Place of Burial COLLEGE OF P. & S

Date FEB 26 1908 190

Undertaker Commissioner Health.
Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES

44

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 9851 Registered No. B C 9851

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 806 Woodyear St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Jennette Hawkins

{Residence, if in Baltimore, Give Street and Number.} 806 Woodyear St

Duration of Residence in Baltimore. 10 hrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH Feb 22 1908

AGE 10 hours. (years, months, days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Vincis Holland.

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Jennette Hawkins

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/27 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 23 1908

I HEREBY CERTIFY, That I attended deceased from Feb 22 1908 to Feb 23 1908

that I last saw h e alive on Feb 22 1908,

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth
(30 weeks)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph L. Valentine M.D.

Address 622 W Lombard St

Date Feb 24. 1908

Place of Burial COLLEGE OF P & S

Date FEB 26 1908 190

Undertaker Commissioner Health.
Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE. FOR ANATOMICAL PURPOSES

44

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9882 Registered No. B C 9882

CERTIFICATE OF DEATH.

151

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman Pumphries

{ Residence, if in Baltimore, Give Street and Number. } Nursery & Childs Hospital

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 29th 1907

AGE: ..... years, 2 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: " "

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. R. Stow

(Address) Nursery & Childs

Filed 2/27 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 5 1907 to Feb 25th 1908 that I last saw h alive on Feb 24 1908, and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Inanition (DURATION) Life DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) John Rubrick M.D.

Address 834 E Eutaw St

Date Feb 25th 1908

Place of Burial COLLEGE OF P. & S. FEB 26 1908

Date ..... 190...

Undertaker Commissioner Health. Per. Wm. E. WOSBACH

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

43

Ward ..... C 9883 Registered No. B ..... C 9883 .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas B Garrett

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 2/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 25 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Feb. 26 1908 that I last saw him alive on Feb. 25 1908, and that death occurred, on the date stated above, at 3.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) Nephritis

..... (DURATION) ..... DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date Feb. 26 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 26 1908 190 ....

Undertaker Geo. Thompson

Address 1805 Hope St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

4

Ward ..... C 9884 Registered No. B ..... C 9884

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Whitzel

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid.

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lomar Hollyc...

(Address) BAY VIEW ASYLUM Sub

Filed 2/27 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 25 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 16 1908 to Feb. 25 1908

that I last saw h[illegible] alive on Feb. 26 1908

and that death occurred, on the date stated above, at 8[illegible]

11. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) Senility

..... (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date Feb. 25 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 26 1908 190

Undertaker Geo. Thompson

Address 1805 Hope St

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

4

Ward 7 C 9885 Registered No. B C 9885

CERTIFICATE OF DEATH. C.9885

(Place of Death.) No. 115 E Hughes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Finn

{Residence, if in Baltimore, Give Street and Number.} 115 E Hughes

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 19. 1908

AGE: ..... years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: William Finn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Annie Ward

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Finn (Father)

(Address) 115 E. Hughes ave.

Filed 2/27 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25 1908

I HEREBY CERTIFY, That I attended deceased from Feb 21 1908 to Feb 25 1908.

that I last saw h alive on Feb 25 1908,

and that death occurred, on the date stated above, at 11 a M. CAUSE OF DEATH (Secondary or Immediate)

Measles & Pertussis

Bronchitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. B. Bunch M.D.

Address 828 N Carrollton ave

Date 190

Place of Burial Greenmount Cemetery

Date February 27 1908

Undertaker H. & M. S. Flynn

Address 426 West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward — 14 — C 9886 Registered No. B 2 0 8 -

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1622. Brunt st. Balto. (Not St.) (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gov. D Thaime,

{Residence, if in Baltimore, Give Street and Number.} 1622, Brunt st

Duration of Residence in Baltimore. Two - years,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Harford Co Md

FULL NAME OF FATHER: Tharle Whaime

BIRTHPLACE OF FATHER (State or country): Harford Co Md

MAIDEN NAME OF MOTHER: Hannah Griffin

BIRTHPLACE OF MOTHER (State or country): Harford Co Md

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charley Whaime

(Address) 1622 Brunt

Filed 2/27 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 27th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 26 1908 to Feb 27 1908

that I last saw him alive on Feb 27 1908,

and that death occurred, on the date stated above, at 2 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis, Appt

Tuberculosis, About. (DURATION) 3, DAYS

Contributory (Primary.) About

T. Genio, (DURATION) DAYS

(Signed) J. Nicholson Dent M.D.

Address 1602. Penna ave

Date February 27th 1908

Place of Burial Perryvillesville Sta Harford Co Md

Date Feby 29 1908

Undertaker Felix B Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 20 C 9887 Registered No. B

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 2024 Wilhelm St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Edw. Miller

{ Residence, if in Baltimore, Give Street and Number. } 2024 Wilhelm St

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 28, 1906

AGE 1 years, 8 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Henry Miller

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Voght.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Miller

(Address) 2024 Wilhelm St

Filed 2/27 1908 HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 26 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 18 1908 to Feb 26 1908 that I last saw h[illegible] alive on Feb. 25 1908, and that death occurred, on the date stated above, at 12.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions.

(DURATION) 1 DAYS

Contributory (Primary.) Meningitis.

(DURATION) 8 DAYS

(Signed) M. O'Neill M.D.

Address 1315 [illegible] St

Date [illegible] 1908

Place of Burial Cathedral Cemetery

Date Feb 28th 1908

Undertaker A Knell & Son.

Address 807 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 9888 C 9888 Registered No. B

CERTIFICATE OF DEATH. 171

(Place of Death.) No. 120 South Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Astoria Sophia Mallek

{ Residence, if in Baltimore, Give Street and Number. } No. 120 South Bond Ste.

Duration of Residence in Baltimore. during life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 30, 1906

AGE 1 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Philip Mallek

BIRTHPLACE OF FATHER (State or country) Austria, Galicia

MAIDEN NAME OF MOTHER Sophia Kakovska

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Mallek

(Address) 120. S. Bond. St.

Filed 2/27 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 26th 1908

I HEREBY CERTIFY, That I attended deceased from October 30th 1906 to Febr. 26th 1908 that I last saw her alive on Febr. 19th 1908, and that death occurred, on the date stated above, at 7.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

one week (DURATION) DAYS

Contributory (Primary) Congenital Debility during life (DURATION) DAYS

Insanitary

(Signed) Fredk A. Consadine, M.D.

Address No. 2221 E. Balt. St.

Date February 26th 1908.

Place of Burial Holy Rosary

Date Feb. 28 1908

Undertaker Jacob Fialkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C 9889 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2217 Ethring St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Albert Simmons

{Residence, if in Baltimore, Give Street and Number.} 2217 Ethring St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1882

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Perry Simmons

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Simmons

(Address) 2217 E Ehring St

Filed 2/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24 1908

I HEREBY CERTIFY, That I attended deceased from Feb 22 1908 to Feb 24 1908 that I last saw him alive on Feb 24 1908 and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pleuro Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Asthenia (DURATION) DAYS

(Signed) T. E Daingerfield M.D.

Address 1441 Presstman St

Date Feb 24 1908

Place of Burial East Auburn Cemetery

Date Feb 27 1908

Undertaker Wm. F. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH ... City of Baltimore.

Ward 20 — C 9890 — Registered No. B C 9890 — 1908

CERTIFICATE OF DEATH.

(Place of Death.) No. 6 N. Fulton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Krauss

{Residence, if in Baltimore, Give Street and Number.} 6 N. Fulton ave

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 12 1835

AGE 72 years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth A Sturm

(Address) 6 N. Fulton ave

Filed 2/27 1908 HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 16th 1908 to Feb 25th 1908 that I last saw h[er] alive on Feb 25 1908, and that death occurred, on the date stated above, at ... M. CAUSE OF DEATH (Secondary or Immediate)

Pleumonia
Empiema
Influenza

(DURATION) 7 DAYS

Contributory (Primary.) ... (DURATION) ... DAYS

(Signed) E. F. Mechleand M.D.

Address 115 W Franklin

Date Feb 25th 1908

Place of Burial Cathedral Cemetery

Date Feb 28 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 9891 Registered No. B C 9891

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 531 Oxford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Hudnall

{Residence, if in Baltimore, Give Street and Number.} 531 Oxford St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Feb. 1" 1908

AGE: — years, — months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Clarence Hudnall

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Mary Curry

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hudnall

(Address) 531 Oxford Street

Filed 2/27 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby. 27 th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.) Premature Birth

..... (DURATION) ..... DAYS

(Signed) Chas Baldwin M.D.

Address 700 Log. av. (Corner)

Date Feby. 27 th 1908

Place of Burial Mt. Auburn Cemetery

Date Feb. 27" 1908

Undertaker Alex. H Comeley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 9892 Registered No. B C 9892

137

CERTIFICATE OF DEATH.

(Place of Death.) No. 1525 Clifton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Ella Bertha Hart

{ Residence, if in Baltimore, Give Street and Number. } 1525 Clifton Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Michael Malone

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Malone

BIRTHPLACE OF MOTHER (State or country) Irelands

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 2/27 1908

HARRY C. ANDERSON Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 26 1908

I HEREBY CERTIFY, That I attended deceased from Feb 14 1908 to Feb 26 1908 that I last saw h alive on Feb 25 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Puerperal Septicaemia

(DURATION) 3 DAYS

(Signed) W Martin M.D.

Address 852 W. North Ave

Date Feb 27 1908

Place of Burial St Peters Cemetery

Date Feb 28 1908

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9893 Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 710 Pine St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaretta Welch

{ Residence, if in Baltimore, Give Street and Number. } 710 Pine St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: of Amer. Am

DATE OF BIRTH: Oct. 24th 1906

AGE: 1 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 710 Pine St.

FULL NAME OF FATHER: William Brown

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Rosie Welch

BIRTHPLACE OF MOTHER (State or country): Harford Co.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Welch

(Address) 710 Pine St.

Filed 2/27 1908 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2/27 1908

I HEREBY CERTIFY, That I attended deceased from 2/7 1908 to 2/27 1908 that I last saw h[illegible] alive on 2/24 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary) Pneumonia Tuberculosis (DURATION) [illegible] months DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mod. Ave

Date 2/27 1908

Place of Burial Mt. Auburn Cem.

Date Feb. 29th 1908

Undertaker Geo. A. Holland

Address 1128 Argyle Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14F C 9894 Registered No. B C 9894

120

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Keplinger

{ Residence, if in Baltimore, Give Street and Number. } Hagerstown. Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH unknown

AGE about 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Elias Keplinger

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) unknown

OCCUPATION OF DECEASED Housegirl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob. H. Mowth

(Address) Hagerstown Md

Filed Feb 28 1908 HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 27, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1908 to Feb. 27, 1908 that I last saw h[illegible] alive on Feb. 27, 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Ovarian cyst

(DURATION) DAYS

Contributory (Primary.) Chronic nephritis

(DURATION) DAYS

(Signed) Virginia Wroth, Jr. M.D.

Address Union Prot. Infg.

Date Feb. 27, 1908. 190

Place of Burial Hagerstown Md

Date Feb 28 190 8

Undertaker G. F. Walker

Address 728 W. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 9895 Registered No. B 167

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph Hospital St. Catonsville, Md.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary T. Murphy

{ Residence, if in Baltimore, Give Street and Number. } 1403 ½ Central Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ✓ ✓ 1854

AGE 54 years, seven months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Stapleton

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Mary Mahoney

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas F Evans

(Address) 118 N. Wm. Royal Ave

Filed Feb 28" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 26 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 8.40 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Burns of body (Clothing accidentally caught afire from gas jet.)

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Jno J. Carullen M.D.

Address Corner Md & Ave

Date Feb 27 1908

Place of Burial Catholic Cemetery

Date February 28 1908

Undertaker Chas F Evans

Address 118 N. Wm. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 C 9896 Registered No. B C 9896.

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 914 E Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Blaustein

{Residence, if in Baltimore, Give Street and Number.} 914 E. Baltimore St.

Duration of Residence in Baltimore. 17 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: † 1835

AGE: 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Louis Sachs

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sachs

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Blaustein

(Address) 2104 E Balto St

Filed 2/28 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 28th 1908

I HEREBY CERTIFY, That I attended deceased from Feby 27 1908 to Feby 28 1908

that I last saw her alive on " " 1908.

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(Lobar on the right side)

(DURATION) 1 DAY

Con'ributory (Primary.) Old age

(DURATION) DAYS

(Signed) M. M. Savage M.D.

Address 1121 E Balto St

Date Feby 28 1908

Place of Burial ~~Ho E Balto St~~ Hebrew Belair road

Date Feb 29 1908

Undertaker Jno Levinson

Address 1620 Jno Eden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 9897 Registered No. B C 9897

CERTIFICATE OF DEATH. 113

(Place of Death.) No. 31 Albemarle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sofie Fox

{Residence, if in Baltimore, Give Street and Number.} 31 Albemarle

Duration of Residence in Baltimore. 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Moses Fox

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Thina Fox

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Fox

(Address) 31 Albemarle st

Filed 2/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 27 1908

I HEREBY CERTIFY, That I attended deceased from —— 190 to —— 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Gall Stones

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sadler Comm M.D.

Address 320 ½ Greene St.

Date 190

Place of Burial Hebrew Woodlawn Cemetery

Date Feb. 28, 1908

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9898 Registered No. B .....

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 1621 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Scheuermann.

{Residence, if in Baltimore, Give Street and Number.} 535 N. Bond st

Duration of Residence in Baltimore. 51 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 12th 1833

AGE 74 years, 2 months, 14 days

~~SINGLE,~~ MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER J. Georg Eiermann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER don't Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Frederick Scheuermann

(Address) 1703 E Lafayette ave

Filed 2/28 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 26th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 20th 1908 to Feb. 26th 1908 that I last saw h er alive on Feb 26th 1908 and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Croupous Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Exhaustion

(DURATION) — Yrs

(Signed) H. C. Chambers M.D.

Address 18 W Franklin St

Date Feb 26/1908 190

Place of Burial Baltimore Cemetery

Date March 1st 190

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 9899 Registered No. B C 9899

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1304 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard O Groves

{Residence, if in Baltimore, Give Street and Number.} 1304 W. Lexington st

Duration of Residence in Baltimore. 6 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 10th 1881

AGE: 26 years, 2 months, 16 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Kent Co Md

FULL NAME OF FATHER: Richard Groves

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Mary C. Jones

BIRTHPLACE OF MOTHER (State or country): Kent Co Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Groves

(Address) Chestertown Md

Filed 2/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 27 1908

I HEREBY CERTIFY, That I attended deceased from Feb 25 1908 to Feb 27th 1908

that I last saw him alive on Feb 27 1908

and that death occurred, on the date stated above, at 1230 A.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 4½ DAYS

Contributory (Primary) Toxemia (DURATION) DAYS

(Signed) Duncan MacKelvaney M.D.

Address 1107 Madison ave

Date Feb 27 1908

Place of Burial Chestertown Md

Date February 29th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 C 9900 Registered No. B C 9900

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 1709 E. Chas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Mortimer Parks

{Residence, if in Baltimore, Give Street and Number.} 1709 E. Chas St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH April 21 1886

AGE 21 years, 10 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John M. Parks

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Annie Mekus

BIRTHPLACE OF MOTHER (State or country): Balto., Md.

OCCUPATION OF DECEASED: R.R. Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M. Parks

(Address) 2 Beverly Ct

Filed 2/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 26 1908

I HEREBY CERTIFY, That I attended deceased from Feby 2 1908 to Feby 26 1908 that I last saw h in alive on Feby 25 1908; and that death occurred, on the date stated above, at 5.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Acute Lobar)

(DURATION) 24 DAYS

Contributory (Primary.) Labrip

(DURATION) 8 DAYS

(Signed) Robt. C. E. Lehnt M.D.

Address 1318 E. Chas

Date Feby 27 1908

Place of Burial New Cathedral Cem

Date Feb 29 1908

Undertaker John F. Fahey

Address 1232 W. Fallsway St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9901 Registered No. B C 9901

164

CERTIFICATE OF DEATH.

(Place of Death.) No. 1006 Hillman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Lane

{Residence, if in Baltimore, Give Street and Number.} 1006 Hillman St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 75 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James Lane

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Conroy

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A C Wedefeld

(Address) 914 Greenmount Ave

Filed 2/28 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

2229 E. Baltimore St

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 27th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 16th 1908 to Feb 27th 1908

that I last saw h[illegible] alive on Feb 27th 1908

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Fracture surgical neck of femur

(DURATION) 12 DAYS

Con'tributory (Primary.) Hypostatic Pneumonia (DURATION) 5 DAYS?

(Signed) L. M. C. Parker M.D.

Address 1051 Ajeguth St

Date Feb 27th 1908

Place of Burial St. Patricks

Date Feb. 29 1908

Undertaker H. C. Wedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

4K
F female
Feb 25/08

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

99

CERTIFICATE OF DEATH.

Registered No. B C 9902

City of Baltimore, (No. 1713 Etting St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Walwicks

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Dark

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 25 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Dennis

(Address) 1932 Presstman St

Filed 2/28 1908

HARRY C. ANDREWS,
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 25 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased, ~~from~~ only prior to 190 to Feb. 25 1908

that I last saw her alive on Feb. 25 1908,

and that death occurred, on the date stated above, at 10.30 P. M. The CAUSE OF DEATH was as follows:

Hemorrhage of Lung

(DURATION) — DAYS

Contributory —

(DURATION) — DAYS

(Signed) J. Tyler Smith M. D.

Feb. 27 1908 (Address) 717 N. Carrollton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Feb 29 1908
UNDERTAKER	ADDRESS
James H Dennis	1932 Presstman St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 C 9903 Registered No. B 155

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Viskocil

{ Residence, if in Baltimore, Give Street and Number. } 1414 Cookesville St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar 19th 1892

AGE: 15 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jos. Viskocil

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: C.

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Viskocil

(Address) 1414 Cookesville St.

Filed 2/28 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 27, 1908

I HEREBY CERTIFY, That I attended deceased from Coroner's Case 190 to 190

that I last saw him alive on 190,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arsenical Poison — (Paris green)

=Suicide= (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. S. Hampson Coroner M.D.

Address 1216 N. Caroline St.

Date Feb. 28 1908

Place of Burial Bohemian National Cem.

Date 2/29/08 190

Undertaker J. Henry Hess

Address 1008 Aisquith St.

WM. J. C. DULANY CO., BALTIMORE.

1907 15

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 9904

City of Baltimore, (No. 2714 W Lafayette Ave. 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Spies.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July (Month) 20 (Day) 1906 (Year)

AGE: 1 years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Samuel Spies

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Adelaide Victoria Evans

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) X Saml Spies

(Address) 2714 W Lafayette

Filed Feb 28 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 11th 1908 to Feb 27 1908 that I last saw h im alive on 2-27 1908, and that death occurred, on the date stated above, at 8:10 P. M. The CAUSE OF DEATH was as follows:

Primary – Pneumonia

Secondary Pulmonary Tuberculosis (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Chas. S Parker M. D.

2-27 1908 (Address) 311 W Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 29 1908

UNDERTAKER: Wm Cook — ADDRESS: 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 9903 Registered No. B .....

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 2630 Sr. Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harvey Rollins Bradshaw

{ Residence, if in Baltimore, Give Street and Number. } 2630 Sr Calvert St

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Mail | COLOR W

DATE OF BIRTH 1

AGE 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B Linwell Bradshaw

(Address) 2630 N Calvert St

Filed 2/28 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 26th 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 12th 1908 to Feb. 26 1908

that I last saw him alive on Feb 26 1908,

and that death occurred, on the date stated above, at 12 00 M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Heart Disease

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Wm J. Watson M.D.

Address 2128 St Paul

Date Feb. 26 1908

Place of Burial Loudon Park

Date Feb 28th 1908

Undertaker John E Hough Co

Address 1422 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

C 9906

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 9906

CERTIFICATE OF DEATH.

90

City of Baltimore, (No. 649 Sterling St.; Ward) Registered No. B

[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Evan Drummond

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 2 (Month) 26 (Day) 1908 (Year)

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Evan Drummond

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Rachel =

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Henson

(Address) 649 Sterling St

Filed 2/28 1908

HARRY C. [illegible] (ADDRESS)
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: ~~2~~ 2 (Month) 24 ~~26~~ (Day) ~~1908~~ (Year)

I HEREBY CERTIFY, That I attended deceased from 2-24- 1908 to 2-26- 1908 that I last saw h[illegible] alive on 2-26- 1908, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Acute Pneumonia

Contributory .....

(DURATION) ..... DAYS

(Signed) Abr. Strother M. D.

2-27- 1908 (Address) 25 W. Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Mar 1st 1908

UNDERTAKER: Chas. G Bailey

ADDRESS: 42 Jefferson

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 9907 Registered No. B ..... C 9907

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 3122 O'Donnell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Jannusch

{ Residence, if in Baltimore, Give Street and Number. } 3122 O'Donnell St

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 13th 1839

AGE 68 years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER John Herpich

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Jannusch

(Address) 3122 O'Donnell St.

Filed 2/28 1908

HARRY O. ANDRESS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 26. 1908

I HEREBY CERTIFY, That I attended deceased from Feby 24. 1908 to Feby 26 1908

that I last saw her alive on Feby 25. 1908,

and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asphyxia

(DURATION) 1 DAYS

Contributory (Primary.) Cerebral Hemmorhage (DURATION) 2 DAYS

(Signed) David W. Jones M.D.

Address 3116 O'Donnell St

Date Baltimore Feby 27. 1908

Place of Burial Mt. Carmel Cemetery

Date Feb 28th 1908

Undertaker H. Sandy & Sons.

Address 1710 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C 9908

City of Baltimore, (No. 115, E. Centre Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bessie Silverman

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Louis Meyer

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Bessie Cohen

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Goldstein

(Address) 115 E Centre Ave

Filed 2/28 190 8

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 2 (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 2.27 190 to 2.27 190 8

that I last saw h[illegible] alive on 2.27 190 8,

and that death occurred, on the date stated above, at [illegible] M. The CAUSE OF DEATH was as follows:

Chr Int. Nephritis
Mitral Regurgitation

(DURATION) DAYS

Contributory Cardiac Asthenia

(DURATION) DAYS

(Signed) B. C. Katzoff M. D.

2.28 190 8 (Address) 116 E Centre St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Hebrew Waring Run Cemtry — DATE OF BURIAL: Feb 28 1908

UNDERTAKER: Max Leisner — ADDRESS: 164 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9909

City of Baltimore, (No. 1706, William St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John W. Hammel

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 10 1905
(Month) (Day) (Year)

AGE 2 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Geo Hammel

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Hera Boss

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Hammel

(Address) 1706 Williams St

Filed 2/28 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 27 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 22 1907 to Feb 27 1908

that I last saw him alive on Feb 26 1908,

and that death occurred, on the date stated above, at 11.30 A. M. The CAUSE OF DEATH was as follows:

Pleurisy

(DURATION) 90 DAYS

Contributory

(DURATION) DAYS

(Signed) J. F. Hanshaw M. D.

Feb 27 1908 (Address) 1303 Light

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Paul's	Feb 29 1908
UNDERTAKER	ADDRESS
Jos. Steinbrecht	1318 Light

WM. J. C. DULANY CO., BALTIMORE

Ward 10 C 9910 Registered No. B C 9910

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CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Jail St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward L Dickson

{Residence, if in Baltimore, Give Street and Number.} Reisterstown

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: December 20. 1878

AGE: 29 years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Reisterstown Balto Co

FULL NAME OF FATHER: Louis Wilson

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Cassie Shadders

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura. Wilson.

(Address) 2417 Madison ave

Filed 2/28 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 28 1908

I HEREBY CERTIFY, That I attended deceased from 10 10.43 Am 1908 to 10 17 Am 1908 that I last saw him alive on Feby 28, 10 10.43 1908 and that death occurred, on the date stated above, at 10 17 A.M. CAUSE OF DEATH (Secondary or Immediate)

Dislocation of Neck

Legal Execution

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. L. Wilson M.D.

Address 6 N. Bdy - Balto

Date Feby 28 1908

Place of Burial St Lukes Cem Reisterstown

Date Feby 29th 1908

Undertaker Jas W. Cross & Son

Address 1400 Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9911

City of Baltimore, (No. 624 N. Fremont St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas. H. Spicker

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Nov. 9 1857 (Month) (Day) (Year)
AGE	56 years, 3 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Herman Spicker
BIRTHPLACE OF FATHER (State or country)	German.
MAIDEN NAME OF MOTHER	Margaretha E. Forges
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Clerk (Bank Teller)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed Spicker

(Address) 624 N Fremont Ave

Filed 2/28 1908

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 27 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1907 to Feb 27 1908

that I last saw him alive on Feb 22 1908

and that death occurred, on the date stated above, at 6.20 A. M. The CAUSE OF DEATH was as follows:

Brights Disease

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) G. Lenroke Evans M. D.

Feb. 27 1908 (Address) 703 N. Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodlawn Park Cem	Feb 29 1908
UNDERTAKER	ADDRESS
Mrs Andrew Rohrer Son	730 Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. B C 9912

City of Baltimore, (No. 16, London Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Kaufmann

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: February (Month) 22 (Day) 1908 (Year)

AGE: ..... years, ... months, Juie days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Harry Kaufman

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Walsh.

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Kaufmann

(Address) 16 London Ave

Filed 2/28 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from February 22 1908 to Febr. 27 1908 that I last saw her alive on Febr. 27 1908, and that death occurred, on the date stated above, at 11.30 P. M. The CAUSE OF DEATH was as follows:

Heart - disease -
Cyanosis

(DURATION) 5 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) M. E. Thalwitzer M. D.

Feb. 28 1908 (Address) 814 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. | DATE OF BURIAL: March 1908

UNDERTAKER: Wm Andrew Rhode Son | ADDRESS: 730 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward V

Registered No. B C 9913

CERTIFICATE OF DEATH.

(Place of Death.) No. 518 S. Ann St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name

{Residence, if in Baltimore, Give Street and Number.} 518 S. Ann St

Duration of Residence in Baltimore. 26 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Joseph Dorbzinkowski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Lewandowska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Tuszynski

(Address) 518 S. Ann St

Filed 2/28 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 26 1908

I HEREBY CERTIFY, That I attended deceased from Feb 25 1908 to Feb 26 1908

that I last saw him alive on Feb 26 1908

and that death occurred, on the date stated above, at 2 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

Endocarditis

(DURATION) 4 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 163 Broadway

Date Feb 26 1908

Place of Burial Holy Rosary.

Date FEB 29 1908 190

Undertaker M. F. SADOWSKI,

Address 703 S. ANN ST.

BALTIMORE; MD.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 ... Registered No. B ...

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 725. E. 20th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William B Bristor

{Residence, if in Baltimore, Give Street and Number.} 725 E 20th Stret

Duration of Residence in Baltimore. Life C.9914

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 18 1824

AGE: 84 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widower

BIRTHPLACE (State or country): Balto. md

FULL NAME OF FATHER: George Bristor

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Susan A. Lusby

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph W. Bristor

(Address) 725. E. 20th Stret

Filed 2/28 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 26th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 18th 1908 to Feb 26 1908 that I last saw him alive on Feb 25th 1908, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Congestion Pneumonia

(DURATION) 10 DAYS

Contributory (Primary) Exhaustion

(DURATION) — DAYS

(Signed) H. Schamberg M.D.

Address 18 W Franklin St

Date Feb 27th 1908

Place of Burial Loudon Park Cemetery

Date Feby 29 1908

Undertaker John B. Spence

Address 1325 N. Caroline, St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 9915 Registered No. B C 9915

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1137 Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William H. Dickerson

{Residence, if in Baltimore, Give Street and Number.} 1137 Saratoga St.

Duration of Residence in Baltimore. All life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH 1

AGE 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balt Md

FULL NAME OF FATHER William H Dickerson

BIRTHPLACE OF FATHER (State or country) Balt Md

MAIDEN NAME OF MOTHER Catheron Robley

BIRTHPLACE OF MOTHER (State or country) Balt Md

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Dickerson

(Address) 1137 Saratoga St

Filed 2/28 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 27. 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 6 1908 to Feb. 27 1908 that I last saw h[illegible] alive on Feb. 27 1908 and that death occurred, on the date stated above, at 6:40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 2yrs. DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date Feb. 27. 1908.

Place of Burial Mount Auburn

Date March 1 1908

Undertaker John H. Owens & Son

Address 1222 Dumas St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 9916 Registered No. B C 9916

CERTIFICATE OF DEATH.

(Place of Death.) No. 1600 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Alexander Bryan Sr.

{ Residence, if in Baltimore, Give Street and Number. } 1600 N. Wolfe St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W.

DATE OF BIRTH June 7 1879

AGE 28 years, 8 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto City.

FULL NAME OF FATHER Christian Bryan

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Deborah Jacobs.

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Bryan

(Address) 1602 Chester

Filed 2/28 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 26 1908

I HEREBY CERTIFY, That I attended deceased from August 1907 to Feb 26 1908 that I last saw h[illegible] alive on Feb 26 1908 and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis. (DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) [illegible] M.D.

Address 1719 Eastern Ave

Date Feb 27. 08 1908

Place of Burial Pine Lawn

Date Feby 29 1908

Undertaker Robt J. Turner

Address 1[illegible] N. Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 11 — C 9917 — Registered No. B C 9917

CERTIFICATE OF DEATH.

103

(Place of Death.) No. 60 S. Madison St. Waverly St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Kaiser

{Residence, if in Baltimore, Give Street and Number.} 60 S. Madison St. Waverly

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male — COLOR W

DATE OF BIRTH Dec 7 1854

AGE 53 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Adam Kaiser

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Eichline

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Pensioner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha A Kaiser

(Address) 60 S Madison St Waverly

Filed 2/28 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 26 1908

I HEREBY CERTIFY, That I attended deceased from November 1st 1907 to February 26th 1908

that I last saw h.. alive on February 26th 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hematemesis

Gastric Ulcer (DURATION) DAYS

Contributory (Primary) 4 months (DURATION) DAYS

(Signed) Hallock A. Meyer M.D.

Address 1031 N. Caroline St.

Date February 27th 1908.

Place of Burial Mt Lebanon

Date Feby 29 1908

Undertaker Robt J Turner

Address 1742 E. Biddle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V — C 9918 — Registered No. B C 9918

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 902 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andy Smigliski

{ Residence, if in Baltimore, Give Street and Number. } 902 S. Ann

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 25 1882

AGE 26 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~ Single

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER Marcin Smigliski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Antonina Holmacka

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Smigliski

(Address) 515 S Durham St

Filed 2/28 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 26 1908

I HEREBY CERTIFY, That I attended deceased from Feb 23 1908 to Feb 26 1908

that I last saw h— alive on Feb 26 1908

and that death occurred, on the date stated above, at P— M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 4 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) E J Valentine M.D.

Address 163 Bailey

Date Feb 28 1908

Place of Burial St Stanislaus

Date Feb 29 1908

Undertaker Joseph Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

C 9919 Registered No. B C 9919

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 236 S. Duncan Alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alberta Druschell

{Residence, if in Baltimore, Give Street and Number.} 236 S. Duncan Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Feb. 5 1908

AGE: ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Louis Druschell

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Matilda Smith

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Louis Druschell

(Address) 236 S. Duncan

Filed 2/28 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Febry 27th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 25 1908 to Feb 27 1908 that I last saw h er alive on Feb 27 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

convulsions (Infantile).

..... (DURATION) ..... DAYS

Contributory (Primary) Malnutrition

..... (DURATION) ..... DAYS

(Signed) W. E. Lanagan M.D.

Address 2045 E Pratt St

Date Feb 29th 1908

Place of Burial Balto. Cem

Date March 1 1908

Undertaker J. C. Hess

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 9920 Registered No. B C 9920

CERTIFICATE OF DEATH.

(Place of Death.) No. 614 N. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel B. Riley

{Residence, if in Baltimore, Give Street and Number.} 614 N. Central Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 1 1843

AGE 64 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Thomas Riley

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Riley

(Address) 614 N Central

Filed 2/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 27th 1908

I HEREBY CERTIFY, That I attended deceased from about 1st Octo 1908 to 27th Feby 1908 that I last saw h Live alive on 26th Feby 1908, and that death occurred, on the date stated above, at 8 15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Ascites, Exhaustion

Coma.

(DURATION) DAYS

Contributory (Primary) Cirrhosis of Liver about (DURATION) 180 DAYS

(Signed) Chas. Reynolds M.D.

Address 809 N Charles St

Date Feby 27th 1908

Place of Burial New-Cathedral Cem.

Date March 2d 1908

Undertaker Sirkler + Sirkler

Address 1739 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 20

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank B. Lyons.

{ Residence, if in Baltimore, Give Street and Number. } 427 Franklin St.

Duration of Residence in Baltimore. One Year and Six months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ? 1871 ~~1867~~

AGE: about 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased

(Address) 427 Franklin St.

Filed 2/28 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 26, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 8 1908 to Feb. 26 1908 that I last saw h. living alive on Feb 26 1908, and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage from Femoral Artery following Septicaemia.

One Half Hour. (DURATION) ..... DAYS

Contributory (Primary.) Abscess in Popliteal Space (DURATION) 21 DAYS

(Signed) W. W. Bowen M.D.

Address Maryland General Hospital

Date Feb. 26 1908.

Place of Burial Wilkes Barre Pa ✓

Date Feb. 28th. 1908

Undertaker William. M. Gawthrop.

Address North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 615 N. Castle St.

Full Name Dolaretta Kirchner

{ Residence, if in Baltimore, Give Street and Number. } 615 N. Castle St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Duration of Residence in Baltimore ..... Life C. 9922

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 27 1901

AGE: 6 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Michael Kirchner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kunigunda Loeffler

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kunigunda Kirchner

(Address) 615 N. Castle St.

Filed 2/28 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 26th 1908

I HEREBY CERTIFY, That I attended deceased from Feby 24th 1908 to Feby 26th 1908

that I last saw her alive on Feby 26th 1908

and that death occurred, on the date stated above, at 3:45 P.M.

11. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

Contributory (Primary) ..... (DURATION) 3 DAYS

(DURATION) ..... DAYS

(Signed) H. O. Stone M.D.

Address 1809 Eastern

Date Feby 27th 1908

Place of Burial Holy Redeemer Cem.

Date Feby 29" 1908

Undertaker Germanus Thanz

Address Bank and Wolfe Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 1

C 9923

Registered No. B C 9923

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 817 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora J Kramers

{Residence, if in Baltimore, Give Street and Number.} 817 N. Broadway

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Nov 5 1838

AGE 69 years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen Beam

(Address) 817 N. Broadway

Filed 2/28 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH FEB 26 1908 190

I HEREBY CERTIFY, That I attended deceased from Feb 23 1908 to Feb 27 1908 that I last saw h alive on Feb 26 1908 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate) Failing Heart

(DURATION) 1 DAYS

Contributory (Primary) Fatty Degenera-
tion of Heart (DURATION) ? DAYS

(Signed) Geo F Layton M.D.

Address 1254 N. B'way

Date FEB 27 1908 190

Place of Burial Greenmount. Cem.

Date March 1st 1908

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9924 Registered No. B C 9924

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 1125 Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna Chase

{Residence, if in Baltimore, Give Street and Number.} 1125 Calhoun St

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Mulatto

DATE OF BIRTH June 19th 1885

AGE 22 years, 7 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City Md

FULL NAME OF FATHER Saml H. Chase

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Caroline M Reed

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml H. Chase

(Address) 1125 N. Calhoun

Filed 2/28/08 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 27 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 13 1908 to Feb. 27 1908 that I last saw h[illegible] alive on Feb 27 1908 and that death occurred, on the date stated above, at 9:15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus Cause (DURATION) 1 DAY

Contributory (Primary.) Rheumatism.

(DURATION) 14 DAYS

(Signed) Wm. N. Magir M.D.

Address 1373 N. Carey St

Date Feb. 27, 1908

Place of Burial Laurel Cem

Date March 1st 1908

Undertaker S H Chase & Son

Address 1125 N Calhoun St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased and the **cause and date of death.**

Ward 17 C. 9925 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 2011 Hargrove Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Antony Bond

{Residence, if in Baltimore, Give Street and Number.} 201 Hargrove Alley

Duration of Residence in Baltimore. Ten years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: August 18 1847

AGE: 60 years, 7 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Harford Co. Md

FULL NAME OF FATHER: David Tally

BIRTHPLACE OF FATHER (State or country): Harford Co. Md

MAIDEN NAME OF MOTHER: Linda Bond

BIRTHPLACE OF MOTHER (State or country): Harford Co. Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj. Bond (Prepared)

(Address) 1425 Maryland Ave

Filed 2/28 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: February 27 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 24 1908 to Feb. 27 1908

that I last saw h in alive on Feb 26 1908

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) 42 DAYS,

Contributory (Primary.) Nephritis

Chronic (DURATION) 30 DAYS

(Signed) Thatcher Mullins M.D.

Address 2228 Calvert St

Date Feb 27 1908

Place of Burial Laurel

Date Feby 29th 1908

Undertaker Sto Chas & Son

Address 1400 Mosher Street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 9926 Registered No. B C 9926

175

CERTIFICATE OF DEATH.

(Place of Death.) No. 1522 Johnson St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ann Campion

{Residence, if in Baltimore, Give Street and Number.} 1522 Johnson St

Duration of Residence in Baltimore. Sixty Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1818

AGE 90 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James Campion

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Welch

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Wm Bentz

(Address) 1522 Johnson St

Filed Feb 29" 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1908

I HEREBY CERTIFY, That I attended deceased from .....1908 to 1908

that I last saw h..... alive on 1908,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

accidentally from

burns by clothing

a kerosene conflagration

Apoplexia, cerebral

insane (DURATION) 2 DAYS

Contributory (Primary.) Accident

(DURATION) DAYS

(Signed) Silas Bartram M.D.

Address 710 Haf. Av. Govans,

Date July 29th 1908

Place of Burial St Peters Cem-

Date July 29 1908

Undertaker Geo W Leadenmeyer

Address 435 Gilmor St

WM. J. C. DULANY CO., BALTIMORE.

1908 80

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward W C 9927 Registered No. B

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Angela Howard

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Feb. 20, 1908

AGE ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home Per Mark.

Filed Feb 29 1908 MARY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 28, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 21 1908 to Feb 27 1908

that I last saw h alive on Feb. 27 1908,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 7 DAYS

Contributory (Primary.) Congenital Debility (DURATION) Life

(Signed) E. C. Gillis M.D.

Address 45-19 N. Caroline St.

Date Feb. 28th 1908

Place of Burial Cathedral Cemetery

Date February 29th 1908

Undertaker Felix L. Rye

Address 102 E. Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9928 Registered No. B 13

CERTIFICATE OF DEATH. C 9928

(Place of Death.) No. 319 N. Carey St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John M. Griffith Jr.

{Residence, if in Baltimore, Give Street and Number.} 319 N. Carey St.

Duration of Residence in Baltimore. 3 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Feb 24 1908

AGE: ..... years, ... months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: ✓

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Melvin S. Griffith

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Sue Watson Ray

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Milton Griffith

(Address) 319 N Carey st.

Filed 2/29 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 27 1908

I HEREBY CERTIFY, That I attended deceased from Feb 24 1908 to Feb 27 1908 that I last saw him alive on Feb 27 1908, and that death occurred, on the date stated above, at 3-50 P. M. CAUSE OF DEATH (Secondary or Immediate)

*

Congenital Heart

(DURATION) ✓ DAYS

Contributory (Primary.) ✓

(DURATION) DAYS

(Signed) Geo. B. Scholl M.D.

Address 1005 W. Lanvale

Date Feb 27 1908

Place of Burial Loudon Park

Date Feb 29 1908

Undertaker John E. Hough Co.

Address 1422 Pennsylvania Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 9929 Registered No. B C 9929

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 111 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name W. Frank Leber

{Residence, if in Baltimore, Give Street and Number.} 1606 McCulloh st

Duration of Residence in Baltimore. 45 yrs C.9929

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH June 13th 1841

AGE 66 years, 8 months, 14 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Penna

FULL NAME OF FATHER John Leber

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Tin Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Fuller Leber

(Address) 1606 McCulloh st

Filed 2/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 27, 1908

I HEREBY CERTIFY, That I attended deceased from Coroner's Case 190 to — 190

that I last saw h — alive on — 190 —,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease.
(Dilatation)

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. L. Hayden M.D.

Address 1216 E. Caroline st Coroner

Date Feb. 27, 1908.

Place of Burial Greenmt Cemetery

Date February 29th 1908

Undertaker Stewart Mowen & Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

81

CERTIFICATE OF DEATH.

Registered No. B C 9930

City of Baltimore, (No. 513, Cathedral St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME William L Stork

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	white

DATE OF BIRTH: February (Month) 14th (Day) 1841 (Year)

AGE: 67 years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Maryland U.S.A.

FULL NAME OF FATHER: Theophilus Stork

BIRTHPLACE OF FATHER (State or country): S. Carolina U.S.A.

MAIDEN NAME OF MOTHER: Mary Jane Lynch

BIRTHPLACE OF MOTHER (State or country): Frederick Co. Maryland U.S.A.

OCCUPATION OF DECEASED: Real Estate

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Warner Stork

(Address) Hotel Altamont

Filed 2/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 14 1908 to Feb 28 1908

that I last saw h[illegible] alive on Feb 28 1908

and that death occurred, on the date stated above, at 9.30 A.M. The CAUSE OF DEATH was as follows:

Cerebral Effusion

(DURATION) 3 Days

Contributory Arterio-Sclerosis

(DURATION) ..... DAYS

(Signed) Chas E. Sadler M.D.

Feb 28 1908 (Address) 1415 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death V Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cy	March 2nd 1908
UNDERTAKER	ADDRESS
Stewart & Mowrer Co	215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 9931 Registered No. B C 9931

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 807 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Asbury Williams

{ Residence, if in Baltimore, Give Street and Number. } 807 Pierce St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Howard Co Md

FULL NAME OF FATHER: Asbury Williams

BIRTHPLACE OF FATHER (State or country): Howard Co Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Williams

(Address) 807 Pierce St

Filed 2/29 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 26 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to Feb 26 1908

that I last saw h— alive on Feb 26 1908, 3:30 P.M. and that death occurred, on the date stated above, at .....

CAUSE OF DEATH (Secondary or Immediate.)

Chronic Interstitial Nephritis

1 yr (DURATION) ..... DAYS

Contributory (Primary.) Cystitis

3 yrs (DURATION) ..... DAYS

(Signed) V L Norwood M.D.

Address 939 W Fayette

Date Feb 27 1908

Place of Burial Int Auburn Cemetery

Date March 1 1908

Undertaker Geo H Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single), of the person deceased, and the **cause and date of death.**

Ward 11 C 9932 Registered No. B C 9932

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Dooley

{Residence, if in Baltimore, Give Street and Number.} Towson, Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1841 1

AGE: 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Bradford Co Penn

FULL NAME OF FATHER: B. B. Wells

BIRTHPLACE OF FATHER (State or country): Bradford Co Penn

MAIDEN NAME OF MOTHER: Mary Miles

BIRTHPLACE OF MOTHER (State or country): Bradford Co Penn

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Burns Sons

(Address) Towson

Filed 2/29 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 28 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 9 1908 to Feb 28 1908

that I last saw her alive on Feb. 28 1908

and that death occurred, on the date stated above, at 3 P M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Fracture Left Hip (By falling down stairs) Accident (DURATION) 14 DAYS

(Signed) W. W. Bowers M.D.

Address Md. Gen. Hosp.

Date Feb. 29, 1908

Place of Burial Prospect Hill Cem Towson Md

Date March 1, 1908

Undertaker John Burns Sons

Address Towson

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 9933 C 9933

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 11

Full Name John Teufel

{ Residence, if in Baltimore, Give Street and Number. } 1804 E Lombard St

Duration of Residence in Baltimore. 35 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Teufel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Weaver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Magdelen Teufel

(Address) 1804 E. Lombard st

Filed 2/29 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28 1907

I HEREBY CERTIFY, That I attended deceased from Feb 25 1908 to Feb 28 1908

that I last saw him alive on Feb 24 1908,

and that death occurred, on the date stated above, at 6.30 9 M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of heart

(DURATION) DAYS

Con'tributory (Primary.) Pulmonary

Oedema (DURATION) DAYS

(Signed) Walter D Lynch M.D.

Address City Hosp

Date Feb 28 1908

Place of Burial Holy Redeemer Cem

Date Mar. 2" 1908

Undertaker. Randell Siffel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 9934 Registered No. B C 9934

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 315 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Jones

{ Residence, if in Baltimore, Give Street and Number. } 315 Chestnut St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mulatto

DATE OF BIRTH: 1

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Jones

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Estella Crumbell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Jones

Address 315 Chestnut St

Filed 2/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 27, 1908

I HEREBY CERTIFY, That I attended deceased from Feb 20 1908 to Feb 27 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) B O Hayden, Coroner M.D.

Address 1216 N Carlton St.

Date Feb. 28 1908

Place of Burial Laurel Cemetery

Date Feb 28 1908

Undertaker R A Gelbert

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 9935 Registered No. B C 9935

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 123 Third Ave. Woodberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgie May Smith

{ Residence, if in Baltimore, Give Street and Number. } 123. Third Ave. Woodberry

Duration of Residence in Baltimore. Since annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 15th 1885

AGE 22 years, 2 months, 13 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balt. Co. Md.

FULL NAME OF FATHER James M. Baker

BIRTHPLACE OF FATHER (State or country) Balt. Co. Md.

MAIDEN NAME OF MOTHER Rachel L. Gorsuch

BIRTHPLACE OF MOTHER (State or country) Carroll Co. Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. M. Baker

(Address) 123 Third ave

Filed 2/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 25th 1908 to Feb 28th 1908 that I last saw h[illegible] alive on Feb 28th 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Anaemia

(DURATION) 10 DAYS

Contributory (Primary.)

Intestinal catarrh (DURATION) 34 DAYS

(Signed) Geo. T. Shower M.D.

Address 431 Roland Ave.

Date Feb 28th 1908

Place of Burial Finksburg Md

Date Mar 1 1908

Undertaker A. S. Mansfield

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

65

CERTIFICATE OF DEATH.

C 9936

Registered No. B.....

City of Baltimore, (No. 1416 Eutaw St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Morgaret Deeney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feb. (Month) 27 (Day) 1908 (Year)

AGE: 82 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): County Tyrone - Ireland

FULL NAME OF FATHER: Bernard Rafferty

BIRTHPLACE OF FATHER (State or country): - Ireland

MAIDEN NAME OF MOTHER: - Masterson

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Rafferty

(Address) 538 N Wolfe St

Filed 2/29 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 27 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 29 1908 to Feb. 26 1908

that I last saw h.. alive on Feb. 26 1908.....,

and that death occurred, on the date stated above, at 2.45 P. M. The CAUSE OF DEATH was as follows:

- Exhaustion - Hypostatic pneumonia -

(DURATION) ..... DAYS

Contributory - Softening of brain - degeneration of lungs - chronic colds. (DURATION) - Several years DAYS.

(Signed) J. M. H. Rowland M. D.

Feb. 27 1908 (Address) 1304 Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral C'm'y

DATE OF BURIAL: March 1908

UNDERTAKER: Edward A Byrne

ADDRESS: 308 N Gay St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

9

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9937

City of Baltimore, (No. 724 Pierce St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bernard Daniels

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	Colored
DATE OF BIRTH	July (Month) 19 (Day) 1906 (Year)
AGE	1 year, 7 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	724 Pierce St
FULL NAME OF FATHER	Geo. Daniels
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Mary Groomes
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Infant (none)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R B Kenyon

(Address) 422 N Greene

Filed 2/29 1908

WM. C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 17 1908 to Feb 28 1908 that I last saw h[illegible] alive on Feb 28 1908, and that death occurred, on the date stated above, at 5.45 P. M. The CAUSE OF DEATH was as follows:

Diptheria; followed by Bronchio-Pneumonia

Diptheria 6 D. of Duration

Bronch. Pneumonia (DURATION) 5 DAYS

Contributory Condition Failure (DURATION) 1 DAY

(Signed) R B Kenyon M. D.

Feb 28 1908 (Address) 422 N Greene St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? St Elizabeths Home

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	Feby 29 1908
UNDERTAKER	ADDRESS
Felix B Pye	102 E Mulberry

2 P M

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 Registered No. B C.9938 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 Scott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline J. McCoy

{Residence, if in Baltimore, Give Street and Number.} 616 Scott st

Duration of Residence in Baltimore. Lifetime

C 9938

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Aug 1839
AGE	69 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	John Shott
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Caroline J. Shott
BIRTHPLACE OF MOTHER (State or country)	Balto. Md
OCCUPATION OF DECEASED	Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Sarah E. McGowan

(Address) 1216 James St

Filed 2/29 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 28 1908

I HEREBY CERTIFY, That I attended deceased from Feb 24 1908 to Feb 28 1908

that I last saw her alive on Feb 28 1908

and that death occurred, on the date stated above, at 10 a m.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 13 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 1 DAYS

(Signed) Edward Thompson M.D.

Address 917 Scott St

Date Feb 29 1908

Place of Burial Baltimore Cemetery

Date March 2nd 1908

Undertaker James Dinnan & Sons

Address 759 W. Hamburg St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 9939 Registered No. B

CERTIFICATE OF DEATH.

C 9939 64

(Place of Death.) No. 1703 West Fayette St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary F. Cameron

{Residence, if in Baltimore, Give Street and Number.} 1703 West Fayette St.

Duration of Residence in Baltimore. 36 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Aug. 18 1826

AGE 81 years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) New York city N.Y.

FULL NAME OF FATHER John Marshall

BIRTHPLACE OF FATHER (State or country) Albany N.Y.

MAIDEN NAME OF MOTHER Margaret Mackey

BIRTHPLACE OF MOTHER (State or country) Albany N.Y.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Henry C. Ohly (daughter)

(Address) 1203 West Fayette St

Filed 2/29 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 27 1908

I HEREBY CERTIFY, That I attended deceased from Feby 20 1908 to Feby 27 1908

that I last saw h[illegible] alive on Feby 27 1908

and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage causing Left Hemiplegia

(DURATION) 7 DAYS

Con'ributory (Primary.) Coma

(DURATION) 5 DAYS

(Signed) Henry C. Ohly M.D.

Address 1203 West Fayette St.

Date Feby 28 1908

Place of Burial Loudon Park

Date February 29 1908

Undertaker E Madison Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 9940 Registered No. B C 9940

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 939 Mason al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Kinny Scott

{Residence, if in Baltimore, Give Street and Number.} 939 Mason al

Duration of Residence in Baltimore. 38 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: colored

DATE OF BIRTH: 1

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Thos. Scott

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Charlotte Scott

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Colored

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charlotte Scott

(Address) 939 Mason al

Filed 2/29 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 27 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 31 1907 to Feb. 25 1908 that I last saw h[illegible] alive on Feb. 25 1908 and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Probably a year or more

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. A. Hakes M.D.

Address 1711 Madison ave

Date Feb. 27, 1908

Place of Burial Samuel ✓ Cem

Date March 1 1908

Undertaker R. A. Elliott

Address 116 Rogers ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 9941 Registered No. B ..... C 9941

CERTIFICATE OF DEATH.

(Place of Death.) No. 556 Orchard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza Neil

{ Residence, if in Baltimore, Give Street and Number. } 556 Orchard Church

Duration of Residence in Baltimore. Thirty-two years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	— — 1—
AGE	70 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Eaton,

(Address) 556 Orchard St.

Filed 2/29 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 28 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 24 1908 to Feb 28 1908

that I last saw h[illegible] alive on Feb. 28 1908

and that death occurred, on the date stated above, at 2:30 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Mitral Insufficiency + Chronic Nephritis

About one year (DURATION) — DAYS

Contributory (Primary.) Old age

— (DURATION) — DAYS

(Signed) Wheatley E. J. M.D.

Address 1220 Dolphin

Date Feb. 29 1908

Place of Burial Mt. Auburn Cemetery

Date Mar. 2, 1908

Undertaker Alex Hensley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 9942 Registered No. B C 9942

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1212 Wilcox St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia Hiebler

{ Residence, if in Baltimore, Give Street and Number. } 1212 Wilcox St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	June 19th 1882
AGE	26 years, 8 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Frederick Hiebler
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Francis Bodine
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Hiebler

(Address) 1212 Wilcox St.

Filed 2/29 1908 HARRY C. JARDINE, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to Feb 28 1908

that I last saw h alive on Feb 26 1908,

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pulm. Tuberculosis

8 months (DURATION) DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) Arthur Reynolds M.D.

Address 1021 Eutaw St

Date Feb 28. 1908

Place of Burial St. Mathews Cemetery

Date March 2nd 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9943 Registered No. B C 9943

CERTIFICATE OF DEATH.

(Place of Death.) No. 936 Stirling St. 11 (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James A. Brockmeyer

{Residence, if in Baltimore, Give Street and Number.} 936 Stirling St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 21st. 1878

AGE: 30 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Joseph A. Brockmeyer

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Clara Petri

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Jas A. Brockmeyer

(Address) 936 Sterling St.

Filed 2/29 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 28. 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 13th 1907 to Feb. 28th. 1908

that I last saw him alive on Feb. 27. P.M. 1908

and that death occurred, on the date stated above, at 3 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthma cardiale

(DURATION) 3 months

Contributory (Primary.) Heart disease

(DURATION) 5 months

(Signed) J. J. Lebald M.D.

Address 1001 Lexington St.

Date Balto. Feb. 28th. 1908

Place of Burial Mt. Olivet Cemetery

Date March 2nd. 1908

Undertaker Henry Storck & Son

Address 1301 E. Eager St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 8 C 9944 Registered No. B 97

CERTIFICATE OF DEATH.

(Place of Death.) No. Loney's Lane & Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Barclay Horton

{ Residence, if in Baltimore, Give Street and Number. } Loney's Lane & Federal st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 30" 1907

AGE: ~ years, 6 months, 28 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Winter D. Horton

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Anna Bates

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Winter D. Horton

(Address) Loney's Lane & Federal St

Filed 2/29 1908 HARRY G. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 27 1908

I HEREBY CERTIFY, That I attended deceased from February 27 1908 to February 27 1908 that I last saw him alive on February 27 1908, and that death occurred, on the date stated above, at 5 & 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchs pneumonia causing respiratory failure

(DURATION) one DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. G. Rusk M.D.

Address 2000 E. Balt. St

Date Feb 28 1908

Place of Burial Greenmount Cemetery

Date March 1" 1908

Undertaker Chas F. Evans

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ..... C 9945 Registered No. B C 9945

CERTIFICATE OF DEATH. 17

(Place of Death.) No. 236 S. Madeira St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Scheck

{Residence, if in Baltimore, Give Street and Number.} 236 S. Madeira St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 16 1891

AGE: 16 years, 11 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Ignatius Scheck

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Reis

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Scheck

(Address) 236 S. Madeira St.

Filed 2/29 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28 1908

I HEREBY CERTIFY, That I attended deceased from Oct 7 1908 to Feb 28 1908

that I last saw her alive on Feb 26 1908,

and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis 14 years (DURATION) DAYS

Contributory (Primary.) Pneumonia 7 DAYS (DURATION)

(Signed) W. L. Gehry M.D.

Address 1731 E Baltimore St

Date Feb. 28 1908

Place of Burial Holy Redeemer Cemetery

Date March 2nd. 1908

Undertaker Germanus Thanner

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, **sex**, **age**, **color**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 17 C.9946 Registered No. B 95

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Fey.

{Residence, if in Baltimore, Give Street and Number.} 608 Bouldin St (Hopkinstown, Canton)

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 9th 1849

AGE: 58 years, 2 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont Know.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ebert

(Address) 22 Foster Ave

Filed 2/29 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. 29, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 6 1908 to Feb. 29 1908

that I last saw h in alive on Feb. 28 1908,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia.

(DURATION) 2 DAYS

Con'tributory (Primary.) Hemiplegia.

2 months (DURATION) DAYS

(Signed) Eugene L. Flanagan M.D.

Address St Joseph's Hosp.

Date February 29, 1908.

Place of Burial Sacred Heart Cemetery

Date March 2nd 1908

Undertaker Germanus Trance

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

9r

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9947

City of Baltimore, (No. 2809 Bernard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles L. Corbett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. 13th 1905 (Month) (Day) (Year)

AGE: 2 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Julia. Corbett.

BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia. Corbett

(Address) 2809 Bernard St.

Filed 1/29 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 28th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 14th 1908 to Feb 28th 1908

that I last saw him alive on Feb 26 1908,

and that death occurred, on the date stated above, at 3-30 A.M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis

(DURATION) 30 DAYS

Contributory Pneumonia (DURATION) 6 DAYS

(Signed) H. M. Fair M. D.

190 (Address) 12 E 25th St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Marys. Hampden — DATE OF BURIAL: Mar 1st 1908

UNDERTAKER: Wm E. Chenoweth & Son — ADDRESS: 919-3rd Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B C 9948

City of Baltimore, (No. 2600 ~~East~~ Wyanoke Ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margret. Russell.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 5 1823 (Month) (Day) Year)

AGE: 84 years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Upperman

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Sarah

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E Hans

(Address) 601 York Rd and Wyanoke Ave

Filed 2/29/ 1908

BARRY O. ANDREWS
PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 26 1908
(Month) Feb 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 11th 1907 to Feb 26 1908 that I last saw her alive on Feb 26 1908, and that death occurred, on the date stated above, at 11.30 P. M. The CAUSE OF DEATH was as follows:

Nervesterrnna.
Superenduced By.
Old Age.
3 Months (DURATION) 15 DAYS

Contributory
3 Months (DURATION) 15 DAYS

(Signed) C E Gaultine M. D.

Feb 27 1908 (Address) 601 Eutaw Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: March 1 1908

UNDERTAKER: Jos B Cook — ADDRESS: 1013 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 9949 Registered No. B C 9949

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Watts

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH January 27 1907

AGE ..... years, 1 month, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address) .....

Filed 2/29 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 27 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 16 1908 to Feb. 26 1908 that I last saw h[illegible] alive on Feb. 26 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) C. C. Hayward M.D.

Address 1230 N Howard

Date 2/28 1908

Place of Burial New Cathedral

Date February 29 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 9950 Registered No. B C 9950

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Smith

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mo. | COLOR: W

DATE OF BIRTH: Feb. 8 1908

AGE: ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address) .....

Filed 2/29 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 28 1908

I HEREBY CERTIFY, That I attended deceased from Jan 16 1908 to Feb. 27 1908 that I last saw him alive on Feb. 27 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayman M.D.

Address 1231 N Carlton St

Date 2 28 1908

Place of Burial New Cathedral

Date Feb. 29 1908

Undertaker Martin Fahey and Son

Address 666 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 24 C 9951 Registered No. B C 9951

CERTIFICATE OF DEATH.

176

(Place of Death.) No. 1474 Allen St (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Charles R. Ricker

{Residence, if in Baltimore, Give Street and Number.} 1474 Allen St

Duration of Residence in Baltimore. 1 day

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 27 1908

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) 1474 Allen St City

FULL NAME OF FATHER Walter Galloway Ricker

BIRTHPLACE OF FATHER (State or country) Balto. County.

MAIDEN NAME OF MOTHER Henrietta Burgess

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Galloway Ricker

(Address) 1474 Allen St.

Filed 2/29 1908 HENRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28 1908

I HEREBY CERTIFY, That I attended deceased from Feb 25 1908 to Feb 28 1908 that I last saw him alive on Feb 28 1908 and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure - Asphyxia -

(DURATION) 1 DAY

Contributory (Primary.) Difficult and prolonged labor of Mother (DURATION) 1 DAY

(Signed) E. Judson Miller M.D.

Address 1029 W. Balto St

Date Feb 29 1908

Place of Burial Green Mount

Date February 29 1908

Undertaker Peter E. Zarumba

Address 1429 E. Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 9952

CERTIFICATE OF DEATH. 79

(Place of Death.) No. On Ice Boat Lafayette, near Fort Carroll St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name R. Frank Lambert

{Residence, if in Baltimore, Give Street and Number.} 1719 W. Lombard

Duration of Residence in Baltimore. 59 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 17 1848

AGE: 59 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Elijah Lambert

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Parks

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Pilot

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Lambert

(Address) 1719 W. Lombard

Filed 2/29 1908

MARY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 28 1908

I HEREBY CERTIFY, That I attended deceased from As Known 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease, due to acute Indigestion.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gilchrist M.D. Coroner

Address 711 W. Lanvale

Date Feb 29th 1908

Place of Burial Loudon Park Cem

Date March 3 1908

Undertaker Wm J. Tickner & Sons

Address 425 W. Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9953

City of Baltimore, (No. 1310 N. Charles St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henrietta C. Whiteley Whiteley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August (Month) 11th (Day) 1848 (Year)

AGE: 44 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Parke Curtis Wilson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Alicia Brewer Liffitt

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Morris Whiteley

(Address) 1203 Cathedral St

Filed 2/29 1908

MARY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 28th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 24 1908 to Feb 28th 1908

that I last saw her alive on Feb 28th 1908,

and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Typhoid fever

(DURATION) 25 DAYS

Contributory Hypostatic congestion of lungs (DURATION) 3 DAYS

(Signed) C. W. Mitchell M. D.

Feb 29 1908 (Address) 1002 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: March 2nd 1908

UNDERTAKER: Hagerstown Lon G

ADDRESS: 30 E Madison

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 — C 9954 — Registered No. B C 9954

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1206 division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence Holland

{Residence, if in Baltimore, Give Street and Number.} 1208 division st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male — COLOR col

DATE OF BIRTH March 1st 1893

AGE 14 years, 11 months, 29 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Wm Howard

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Patricia Garner

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bird

(Address) 1107 Dolphin Ave

Filed 2/29 1908 — HENRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 29 — 1908

I HEREBY CERTIFY, That I attended deceased from Feb 2 — 1908 to Feb 29 — 1908 that I last saw him alive on Feb 29 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Syncope

(DURATION) 2 DAYS

Con'tributory (Primary.) Phthisis Pulmonalis

(DURATION) 20 DAYS

(Signed) W. E. Harris M.D.

Address 1314 Druid Hill Ave

Date Feb 28 1908

Place of Burial Mt Auburn Cemetery

Date March 2d 1908

Undertaker J. A. Bird

Address 1107 Dolphin Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 9955 C 9955 Registered No. B

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 715 S. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name J. Henry Grimm

{Residence, if in Baltimore, Give Street and Number.} 715 S. Broadway.

Duration of Residence in Baltimore. 27 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 29th 1847
AGE	60 years, 10 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Henry Grimm
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Fredericka Frenzer
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Grimm

(Address) 715 S. Broadway

Filed 2/29 1908 HARRY C. ANDREWS Registrar

HARRY C. ANDREWS CLERK PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 26, 1908

I HEREBY CERTIFY, That I attended deceased from Feb 16 1908 to Feb 26 1908

that I last saw h— alive on Feb 26 1908

and that death occurred, on the date stated above, at 5 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 11 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Kaufman M.D.

Address 16 S. Bentley

Date Feb 27 1908

Place of Burial Mt. Olivet Cemetery

Date March 1st 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Caxton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 25

Registered No. B C 9956

C 9956

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 29 Poultney St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Marie Eff.

{ Residence, if in Baltimore, Give Street and Number. } 29 Poultney St.

Duration of Residence in Baltimore. 50 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 20 1823.

AGE: 84 years, 7 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: George Rohr.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Anna M. Heldrich

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Eff. (Son)

(Address) 434 Frederick Ave

Filed 2/29 1908 HARRY U. ANDREWS Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 28. 1908.

I HEREBY CERTIFY, That I attended deceased from February 25 1908 to February 28 1908.

that I last saw h er alive on — — 190 —,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Organic disease of the heart & kidneys

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address 1017 S Edwards St

Date February 29. 1908

Place of Burial Holy Cross Cem. A.A.Co.

Date March 2nd 1908

Undertaker J W Bruchen

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9957 Registered No. B 93

CERTIFICATE OF DEATH. C 9957

(Place of Death.) No. 3141 Dillon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel W. Harbolt

{Residence, if in Baltimore, Give Street and Number.} 3141 Dillon St

Duration of Residence in Baltimore. about 2 or 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR white

DATE OF BIRTH Nov. 11 1870

AGE 37 years, 3 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER Jacob H. Harbolt.

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Sarah M. Cook

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED Iron Worker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Harbolt.

(Address) 3141 Dillon st

Filed 2/29 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 28 1908

I HEREBY CERTIFY, That I attended deceased from Feb 21 1908 to Feb 28 1908

that I last saw h— alive on Feb 28 1908

and that death occurred, on the date stated above, at 5.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Syncope

(DURATION) 1½ DAYS

Con'ributory (Primary) Acute Indigestion

(DURATION) 8 DAYS

(Signed) W. F. Wright M.D.

Address Canton & Dillon Sts.

Date Feb 29 1908

Place of Burial York, Pa.

Date March 2 1908

Undertaker Zickler & Zickler

Address 4739 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 9958 Registered No. B

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 872 Tyson st Baltimore 7th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mollie Gaines

{Residence, if in Baltimore, Give Street and Number.} 872 Tyson st

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Gaines.

(Address) 872 Tyson St

Filed Feb 29" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28" 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2" 1908 to Feb 28" 1908 that I last saw h-r alive on Feb 27" 1908, and that death occurred, on the date stated above, at 0.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary oedema
Shock after operation

(DURATION) 4 DAYS

Contributory (Primary.) Acute syphilis
1 month (DURATION) 27 DAYS

(Signed) Henry B Thomas M.D.

Address 1017 Cathedral st

Date Feb 28" 1908

Place of Burial Lancaster Cova

Date March 1st 1908

Undertaker Felix B Pye.

Address 102 E. Fulberry st

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 9959

113

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christopher Anheuter

{Residence, if in Baltimore, Give Street and Number.} Brunswick Ga

Duration of Residence in Baltimore. ?

C. 9959

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 61 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unascertained

BIRTHPLACE OF FATHER (State or country): ditto

MAIDEN NAME OF MOTHER: ditto

BIRTHPLACE OF MOTHER (State or country): ditto

OCCUPATION OF DECEASED: Meat Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Ehrhardt

(Address) JHH

Filed 2/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 28 1908

I HEREBY CERTIFY, That I attended deceased from Feb 11 1908 to Feb 28 1908

that I last saw h alive on Feb 28 1908

and that death occurred, on the date stated above, at 2.25 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis

(DURATION) DAYS

Contributory (Primary.) Gall stones

(DURATION) DAYS

(Signed) E. A. Richardson M.D.

Address Johns Hopkins Hosp

Date Feb 28 1908

Place of Burial Brunswick Ga

Date Friday 29 1908

Undertaker Albert E Fuller

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 9960

Ward 8 C 9960 Registered No. B 119

CERTIFICATE OF DEATH.

(Place of Death.) No. 2420 E Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephen A Ward

{Residence, if in Baltimore, Give Street and Number.} 2420 E Lanvale

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR W

DATE OF BIRTH January 6 1908

AGE ..... years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James S Ward

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Bertha Smith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James S Ward

(Address) 2420 E Lanvale

Filed Feb 29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 27 1908

I HEREBY CERTIFY, That I attended deceased from Feb 17 1908 to Feb 27 1908

that I last saw h in alive on Feb 26 1908,

and that death occurred, on the date stated above, at 5

P. M. CAUSE OF DEATH (Secondary or Immediate) Acute Nephritis

(DURATION) 10 DAYS

Contributory (Primary) Uraemia

(DURATION) 2 DAYS

(Signed) F. Powers M.D.

Address 2371 E Preston

Date Feb-28-08 1908

Place of Burial Mt. Lemmel

Date Mar 1 1908

Undertaker Robt J Turner

Address 1442 N. Howard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C 9961 Registered No. B C 9961

CERTIFICATE OF DEATH. 120

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaac Smith

{ Residence, if in Baltimore, Give Street and Number. } Same

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) D.C.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. E. French

(Address) Laurel Md

Filed March 1 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 29 1908

I HEREBY CERTIFY, That I attended deceased from Feb 9 1908 to Feb 29 1908 that I last saw h alive on Feb 29 1908 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Delusion of Persecution

(DURATION) DAYS

Contributory (Primary.) Nervous Exhaustion

(DURATION) DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date 2/29 Howard Co. 1908

Place of Burial Laurel Md

Date Feby 29 1908

Undertaker Chas E. Evans

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 9962 Registered No. B

CERTIFICATE OF DEATH.

C 9962 4

(Place of Death.) No. 1510, E, Balto. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mates Cohen

{ Residence, if in Baltimore, Give Street and Number. } 1510. E. Balto. St.

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 29. 1908

AGE 1 years, 3 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jacob. Cohen

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Bessie Nachlas

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Cohen

(Address) 1510 E Baltimore st

Filed 1/3 1908 HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 29. 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Feb 29 1908

that I last saw him alive on Feb 29 1908,

and that death occurred, on the date stated above, at 12.30 M. CAUSE OF DEATH (Secondary or Immediate)

anaemia

(DURATION) 15 DAYS

Contributory (Primary.) Malarial fever

about one Month (DURATION) DAYS

(Signed) H. Fleider M.D.

Address 1119. E. Balto. St.

Date Feb. 29. 1908

Place of Burial Auburn Roundale Cemetery

Date ~~Feb~~ March 1. 1908

Undertaker Max Levinson

Address 1620 N. E. Eldersley st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 9963 Registered No. B

CERTIFICATE OF DEATH.

C 9963
93

(Place of Death.) No. 1416 Ward St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Addison Miles

{Residence, if in Baltimore, Give Street and Number.} 1416 Ward st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored.

DATE OF BIRTH: Feb 20th 1905

AGE: 3 years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Addison Miles

BIRTHPLACE OF FATHER (State or country): Va "

MAIDEN NAME OF MOTHER: X

BIRTHPLACE OF MOTHER (State or country): mother name Janie Effert.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Addison Miles

(Address) 1416 Ward st

Filed 3/1 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 28th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15th 1908 to Feb 28th 1908 that I last saw h[illegible] alive on Feb 28th 1908, and that death occurred, on the date stated above, at 9.45 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (DURATION) 6 days

Contributory (Primary.)

(DURATION) Days

(Signed) F. C. Smith M.D.

Address 1313 W. Lexington St

Date Feb 29 1908

Place of Burial Mt Zion Cemetery

Date March 1 1908

Undertaker Geo H Hoelzer

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9964 Registered No. B C 9964

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 1312 Edmondson Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hodges,

{Residence, if in Baltimore, Give Street and Number.} 1312 Edmondson ave.

Duration of Residence in Baltimore. 2 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 64 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Hodges

(Address) 1312 Edmondson ave

Filed March 1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 29 1908.

I HEREBY CERTIFY, That I attended deceased from Feb. 28 1908 to Feb 29 1908 that I last saw h.im alive on Feb. 29 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis.

(DURATION) 2 DAYS

Contributory (Primary.) Exhaustion (Heart Failure.

(DURATION) - DAYS

(Signed) J. W. C. Cuddy, M.D.

Address 987 Madison ave.

Date Feb. 29 1908

Place of Burial Stone Chapel Balto Co Md

Date March 2 1908

Undertaker Jos B Cook

Address 1003 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 9965 Registered No. B

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Adam Ferguson

{Residence, if in Baltimore, Give Street and Number.} Conlon Hotel ?

Duration of Residence in Baltimore. 1 month

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M-

BIRTHPLACE (State or country) Canada -

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed March 1 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1908

I HEREBY CERTIFY, That I attended deceased from Feb 27 1908 to Mch 1 1908

that I last saw h alive on Mch 1 1908,

and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage
& Convulsions

(DURATION) DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) H H Esher M.D.

Address Balto City Hospital

Date Mch 1 1908

Place of Burial Canada

Date March 1 1908

Undertaker W J Tjekner & Sons.

Address 425 W Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C 9966 Registered No. B

CERTIFICATE OF DEATH.

20

(Place of Death.) No. 1733 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Edwards

{Residence, if in Baltimore, Give Street and Number.} #1733 Jefferson St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 1st 1845

AGE 62 years, 9 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clifford Edwards

(Address) 1733 Jefferson St.

Filed March 1" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febry 28th 1.40 a.m. 1908

I HEREBY CERTIFY, That I attended deceased from Febry 9. 1908 to Febry 27 1908 that I last saw him alive on " 27. 1908 and that death occurred, on the date stated above, at 1.40 a.m. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) 4 DAYS

Contributory (Primary.) Injured Foot

(DURATION) 27 DAYS

(Signed) Geo. A. Hartman M.D.

Address 1121 N. Caroline St.

Date Balto. Febry. 29. 1908

Place of Burial Greenmount Cemtery

Date March 2nd 1908

Undertaker John B Spence

Address 1325. N. Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 9967 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1831 N. Patterson Park Ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick R. Schilling

{Residence, if in Baltimore, Give Street and Number.} 1831 N. Patterson Park Ave.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 1st 1845

AGE 62 years, 11 months, 28 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Peter Schilling

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C. A. Schilling

(Address) 1831 N. Patterson P. Ave

Filed March 1st 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 29th 1908.

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Febry 29 1908 that I last saw him alive on Febry 28 1908, and that death occurred, on the date stated above, at 3 30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis

1 year (DURATION) DAYS

(Signed) Chas C. A. Meyer M.D.

Address 1031 N. Caroline st.

Date February 29th 1908

Place of Burial Holy Redeemer Cem

Date 3/3 1908

Undertaker Wm J Schilling

Address 911 Baltimore st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 9968 Registered No. B

CERTIFICATE OF DEATH.

C 9968 93

(Place of Death.) No. 1920 Canton Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie Tyma

{Residence, if in Baltimore, Give Street and Number.} # 1920 Canton Av.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 28 1907

AGE — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Jos Tyma

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Helena Schinly

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Tyma

(Address) 1920 Canton Ave

Filed 3/1 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 29 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 25 1908 to Feb. 29 1908 that I last saw h alive on Feb 28 1908 and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Ann

Date Feb 29 1908

Place of Burial St Stanislaus

Date March 1 1908

Undertaker Jos Stonowski

Address 1713 Aliceanna Ld

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 9969 Registered No. B

CERTIFICATE OF DEATH. 11

(Place of Death.) No. 1412 Fairmount Av St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Celia Fineberg

{Residence, if in Baltimore, Give Street and Number.} 1412 Fairmount av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 10 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Hary Fineberg

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rosa Fineberg

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Fineberg

(Address) 1412 Fairmount Ave

Filed March 1 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1908

I HEREBY CERTIFY, That I attended deceased from Feb 29 1908 to Mch 1 1908 that I last saw h[er] alive on Mch 29 1908 and that death occurred, on the date stated above, at 4 a m. CAUSE OF DEATH (Secondary or Immediate.)

Congestion of lungs

1 (DURATION) DAYS

Con'ributory (Primary.) Mitral Regurg

3 yrs (DURATION) DAYS

(Signed) C. F. Block M.D.

Address 1523 E Balto

Date Mch 1 - 8 1908

Place of Burial Mt Olivet Randall Cemetery

Date March 1 1908

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 9970 Registered No. B C 9970

CERTIFICATE OF DEATH. 119

(Place of Death.) No. 1222 Bayard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary H Deal

{Residence, if in Baltimore, Give Street and Number.} 1222 Bayard St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Hunt

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Henrietta Deal

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED non

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Deal

(Address) 1222 Bayard St

Filed 3/1 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 28 1908

I HEREBY CERTIFY, That I attended deceased from Feb 28 1908 to Feb 28 1908 that I last saw h[illegible] alive on Feb 28 1908, and that death occurred, on the date stated above, at 1 PM. CAUSE OF DEATH (Secondary or Immediate.)

Acute Bright's disease

(DURATION) 3 DAYS

Contributory (Primary.) Uremia

(DURATION) 1 DAYS

(Signed) J. E. Imse M.D.

Address 833 Columbia ave

Date Feb 28 1908

Place of Burial mt auburn cemetery

Date march 1 1908

Undertaker John H Toadvine

Address 142 N Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 9971 Registered No. B C 9971

CERTIFICATE OF DEATH.

166

(Place of Death.) No. 622 W. Montgomery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Buda Davis

{ Residence, if in Baltimore, Give Street and Number. } 622 W. Montgomery St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col-

DATE OF BIRTH .....1.....

AGE 3 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Herbert Davis

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lucinda Johnson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert Davis

(Address) 622 W. Montgomery St

Filed 3/1 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb - 28 - 1908

I HEREBY CERTIFY, That I attended deceased from Feb - 23rd 1908 to Feb. 28th 1908 that I last saw her alive on Feb 28th 1908, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Miningitis

6 or 7 (DURATION) DAYS

Contributory (Primary) Injury to the back of the head from a fall (DURATION) DAYS

(Signed) E. L. Nuckols M.D.

Address 504 S. Paca St.

Date Feb - 29th 1908

Place of Burial Laurel Cemetery

Date March 1, 1908

Undertaker John H. Toadvine

Address 142 Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 22 C 9972 Registered No. B C 9972 116

CERTIFICATE OF DEATH.

(Place of Death.) No. 807 E. Green St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Peter A. Cromwell

{Residence, if in Baltimore, Give Street and Number.} 807 E. Green St

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colrd

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John E Cromwell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Enck

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Cromwell

(Address) 807 E. Green St

Filed 3/1 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 27th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 21 1908 to Feb 27 1908 that I last saw h— alive on Feb 27 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(Caused by straining himself in lifting heavy timber)

(DURATION) 7 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) C. H. Frowell M.D.

Address 1123 E. Baltimore

Date Feb 28 1908

Place of Burial Mt. Auburn

Date March 1, 1908

Undertaker John H. Toadvin

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 9973 Registered No. B

CERTIFICATE OF DEATH. 9

(Place of Death.) No. 1500 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hilda A. Alt.

{Residence, if in Baltimore, Give Street and Number.} 1500 Hanover St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 5 1899

AGE 8 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Franz alt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lena Praeger

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena alt

(Address) 1500 Hanover St.

Filed 3/2 1908 HARRY O. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1st 1908

I HEREBY CERTIFY, That I attended deceased from Feb 10 1908 to March 1st 1908

that I last saw h[illegible] alive on March 1st 1908,

and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate)

Nasal Diphtheria

Scarlet Fever

(DURATION) 20 DAYS

Contributory (Primary.) Heart Failure

(DURATION) DAYS

(Signed) W. H. Hammond M.D.

Address 881 Lexington

Date Burial 2d 1908

Place of Burial London Park

Date March 2 1908

Undertaker F. A. Kranse & Bro

Address 703 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City

Ward 18 C 9974 Registered No. B C 9974

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Md University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Fitzpatrick

{Residence, if in Baltimore, Give Street and Number.} 1028 Hollins St.

Duration of Residence in Baltimore. 26 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: [illegible] 1

AGE: 47 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Fitzpatrick

(Address) 1028 Hollins St.

Filed 3/2 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1908

I HEREBY CERTIFY, That I attended deceased from as coroner 190 to 190, that I last saw h alive on 190, and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Shock due to fractured ribs & clavicle, fell down stairs. accident

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address Coroner

Date March 1 1908

Place of Burial Cathedral Cemetery

Date March 4th 1908

Undertaker John J Cannon

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 9975 Registered No. B

CERTIFICATE OF DEATH. C 9975

154

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Brennan

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: 1822

AGE: 86 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Thomas Brennan

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Ellen Burns

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 3/2 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 1st 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Debility of age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F A Warner M.D.

Address 1133 Valley st

Date March 1 1908

Place of Burial Holy Cross ✓

Date March 2d 1908

Undertaker Henry Wiedefield

Address 914 Greenmount av

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V C 9976 Registered No. B

CERTIFICATE OF DEATH. C 9976 gr

(Place of Death.) No. 212 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosina A. Keller

{ Residence, if in Baltimore, Give Street and Number. } 212 S. Ann st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: May 16 1907

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Frederick Keller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Ferling

BIRTHPLACE OF MOTHER (State or country): Ger.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Keller

(Address) 212 S. Ann st

Filed 3/2 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1st. 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 26. 1908 to March 1st. 1908 that I last saw her alive on March 1st. 1908 and that death occurred, on the date stated above, at 2 o'clock P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchio-Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Congenital debility

(DURATION) 9 months.

(Signed) L. J. Lebold M.D.

Address 1001 Cloquet St.

Date March 2nd 1908.

Place of Burial Holy Redeemer

Date March 3 1908

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9977 Registered No. B 1511

CERTIFICATE OF DEATH

(Place of Death.) No. 246 S. Duncan Alley (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant of Annie & George Munroe

{ Residence, if in Baltimore, Give Street and Number. } 246 S. Duncan Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH .....

AGE ..... years, ... months, 3 Weeks

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER George Munroe

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie Brown

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Munroe

(Address) 246 S Durham St

Filed

..... 190..... BARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 29 1909

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

.....(DURATION)..... DAYS

Contributory (Primary.) .....

.....(DURATION)..... DAYS

(Signed) Thomas Buckler Coroner M.D.

Address 320 N Greene St

Date ..... 190.....

Place of Burial Asbury Cemetery

Date March 2 1909

Undertaker R. A. Talbott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C 9978 Registered No. B ... 18

152

CERTIFICATE OF DEATH.

(Place of Death.) No. 691 W Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Carroll

{Residence, if in Baltimore, Give Street and Number.} 691 W Mulberry St

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: March 1st 1908

AGE: One half hour. ... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: George Carroll

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Sarah Carroll

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert - Carroll

(Address) 691 W Mulberry

Filed 3/2 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1st 1908

I HEREBY CERTIFY, That I attended deceased from March 1st 1908 to March 1st 1908

that I last saw h in alive on March 1st 1908

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Umbilical Presentation

Sub Oxidation of Asthenia

(DURATION) ... DAYS

Con'ributory (Primary.) —

(DURATION) ... DAYS

(Signed) John J McCarthy M.D.

Address 658 W Franklin St

Date March 1st 1908

Place of Burial Asbury

Date March 2 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 9979

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9979

City of Baltimore, (No. 214 N. Lee St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Reed

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	col
DATE OF BIRTH (Month) (Day) (Year)	1
AGE	90 years, ... months, ... days
~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Annie Lee

(Address) 214 W Lee St

Filed 3/2 1908 MARK O. ANDRETS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 29th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1907 to Feb. 28th 1908

that I last saw her alive on 28th Feb. 1908,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Influenza

(DURATION) ... DAYS

Contributory Bronchitis

(DURATION) 7 DAYS

(Signed) R. M. Hall M. D.

Mar. 2nd 1908 (Address) 1019 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Mar. 2 1908
UNDERTAKER	ADDRESS
J. H. Jordan	462 W. Hill

WM. J. C. DULANY CO., BALTIMORE.

Ward 22 HEALTH DEP C 9980 Registered No. B C 9960

9r

CERTIFICATE OF DEATH.

(Place of Death.) No. 212 Camden Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Congeta Difino

{Residence, if in Baltimore, Give Street and Number.} 212 Camden Lane

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1906

AGE: 1 years, 6 months, c days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: c

BIRTHPLACE (State or country): Missouri

FULL NAME OF FATHER: Damien Difino

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: c

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: c

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Geo. Jourdens

Address 217 S. Paca St

Filed 3/2 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 1 1908

I HEREBY CERTIFY, That I attended deceased from Feb 22 1908 to Mar 1 1908 that I last saw her alive on Mar 1 1908, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 8 DAYS

Contributory (Primary) Asthenia (DURATION) 1 DAYS

(Signed) Andy L. Pettalista M.D.

Address 827 Aisquith St

Date Mar 1 1908

Place of Burial New Cathedral Cy

Date March 2 1908

Undertaker Jos. Jourdens. Son

Address 217 S. Paca

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9981 Registered No. B ..... C 9981.

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2426 Foster Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Autenmann

{Residence, if in Baltimore, Give Street and Number.} 2426 Foster Ave

Duration of Residence in Baltimore. two years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 15th 1908

AGE two years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Conrad V Autenmann

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Elizabeth Fooler

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad V. Autenmann

(Address) 2426 Foster ave.

Filed 3/2 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15th 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to March 15th 1908

that I last saw her alive on March 15th 1908

and that death occurred, on the date stated above, at 4.00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

(Premature Birth
7th month

(DURATION) 2 hours

Contributory (Primary.)

(DURATION) DAYS

(Signed) Sol Sollner M.D.

Address 1501 Caroline St

Date March 15th 1908

Place of Burial Holy Redeemer Cem

Date 3/20/08 1908

Undertaker J Herring & Son

Address 2008 Eden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 9982 Registered No. B 151

CERTIFICATE OF DEATH. C 9982

(Place of Death.) No. 731 Church St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Not named Infant female twin

Henry Lizzie Doll

{ Residence, if in Baltimore, Give Street and Number. } 731 Church St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 21 1908

AGE: ..... years, 7 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Henry Doll

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Lizzie Doering

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Doll

(Address) 731 Church St.

Filed 3/2 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 29 1908

I HEREBY CERTIFY, That I attended deceased from Feb 27 1908 to Feb 29 1908 that I last saw h alive on Feb 28 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion due to premature birth, 7 months

(DURATION) 2 DAYS

Contributory (Primary.) Prematurity

(DURATION) 2 DAYS

(Signed) Jno J Martin M.D.

Address 852 W. North Ave

Date March 1 1908

Place of Burial Western Cemetery

Date ~~June~~ March 2 1908

Undertaker Mrs Geo P Paulus

Address 2101 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 9983 Registered No. B ~~C 9983~~ 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 731 Church St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unnamed Infant Henry Lizzie Doll

{ Residence, if in Baltimore, Give Street and Number. } 731 Church St

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 1908

AGE: ..... years, 7 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Henry Doll

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Lizzie Doering

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Doll

(Address) 731 Church St.

Filed 3/2 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1908

I HEREBY CERTIFY, That I attended deceased from Feb 27 1908 to March 1 1908

that I last saw h alive on Feb 29 1908,

and that death occurred, on the date stated above, at 7

A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion, due to premature birth, 7 months

(DURATION) 3 DAYS

Contributory (Primary.) Prematurity

(DURATION) 3 DAYS

(Signed) ..... M.D.

Address 852 W. North Ave

Date March 1 1908

Place of Burial Western Cemetery

Date March 2 1908

Undertaker Mrs Geo P. Paulus

Address 2101 Frederick Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 9984 Registered No. B 120 C 9984

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 W. Lexington St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James M. Kolb

{ Residence, if in Baltimore, Give Street and Number. } 715 W Lexington St

Duration of Residence in Baltimore. 62 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wht

DATE OF BIRTH: Feb 20 1847

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Michael G Kolb

BIRTHPLACE OF FATHER (State or country): Frederick Md

MAIDEN NAME OF MOTHER: Ann T Bell

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Laura Kolb

(Address) 715 W Lexington St

Filed 3/9 1908 JAMES O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 21 1908 to March 1 1908

that I last saw h... alive on Feb 27 1908,

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Parenchymatous Nephritis

4 6 mos (DURATION) ..... DAYS

Contributory (Primary.) Asthenia

1 mo (DURATION) ..... DAYS

(Signed) J Norwood M.D.

Address 939 N Fayette St

Date March 1 1908

Place of Burial London Park

Date March 3rd 1908

Undertaker Geo D Smith & Co

Address 1050 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C 9985

City of Baltimore, (No. 205 Mercer St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wong Ane

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Mongolian Caspet

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 47 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Canton China

FULL NAME OF FATHER X

BIRTHPLACE OF FATHER (State or country) X

MAIDEN NAME OF MOTHER X

BIRTHPLACE OF MOTHER (State or country) X

OCCUPATION OF DECEASED Laundryman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wong Sing

(Address) 205 Mercer St

Filed 3/4 190 8 MARY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 29 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

— 190 to — 190

that I last saw h him alive on Feb 28 1908,

and that death occurred, on the date stated above, at 7-55 A.M. The CAUSE OF DEATH was as follows:

Labor pneumonia

(DURATION) DAYS

Contributory Heart Failure

(DURATION) DAYS

(Signed) H. O Atkinson M. D.

Feb 29 1908 (Address) 921 N. Chas

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	March 3 190 8
UNDERTAKER	ADDRESS
E M Mitchell	1201 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 Registered No. B C 9986

C 9986

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Evergreen Mot North Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Fisher

{ Residence, if in Baltimore, Give Street and Number. } Evergreen Mot North Ave

Duration of Residence in Baltimore. 56 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Dec 18. 1832

AGE 75 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Fisher

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Gardener

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Fred Fisher grs

(Address) Evergreen Mot North Ave

Filed 3/2 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1908

I HEREBY CERTIFY, That I attended deceased from July 27 1908 to July 29 1908

that I last saw him alive on July 28 1908,

and that death occurred, on the date stated above, at 2a m

CAUSE OF DEATH (Secondary or Immediate)

Pulmonary oedema

(DURATION) 2 DAYS

Contributory (Primary) Senility 4

Myocarditis (DURATION) Nothing

(Signed) Dr Warren Buckler M.D.

Address 606 Cathedral St

Date March 1 1908

Place of Burial Loudon Park

Date March 2 1908

Undertaker Geo Bentz

Address 554 N Bridle St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C 9987

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C 9987

City of Baltimore, (No. 600 N. Brune St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katie Ramsay

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 18 (Day) 1871 (Year)

AGE: 36 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Joseph Marion Barlow

BIRTHPLACE OF FATHER (State or country): Howard Co Md

MAIDEN NAME OF MOTHER: Catherine Martin

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Trus Barlow

(Address) 600 Brune St.

Filed 3/12 1908

MARK O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 29 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1906 to Feb. 29th 1908 that I last saw her alive on Feb. 29th 1908, and that death occurred, on the date stated above, at 9-40 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

15 Months (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) John Houff M. D.

March 2nd 1908 (Address) 16 N. Monroe St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: March 3 1908

UNDERTAKER: Geo W Little

ADDRESS: 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

Ward 24 C 9988 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1515 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo J. Shubard

{ Residence, if in Baltimore, Give Street and Number. } 1515 Light St.

Duration of Residence in Baltimore. 60 Jears

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH Nov 11 18

AGE 80 years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) A A Co Md

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) A A Co Md

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) A A Co Md

OCCUPATION OF DECEASED Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 1515 Light St

Filed 3/2 1908 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1908 to March 1 1908

that I last saw h~~is~~ alive on 3/1 1908,

and that death occurred, on the date stated above, at 5 a. m.

CAUSE OF DEATH (Secondary or Immediate.)

General Debility

Six months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D Jurkinston M.D.

Address 162 E Fort Ave

Date 3/1 1908

Place of Burial Baltimore Cemetery

Date 3/4 1908

Undertaker D. Finn McCully.

Address 39 E. Fort ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 9989 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1513 Pa Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Reed

{ Residence, if in Baltimore, Give Street and Number. } 1513 Pa Ave

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	colored
DATE OF BIRTH	— 1 —
AGE	60 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	W.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Ella Reed

(Address) 1513 Penna. Ave.

Filed 3/2 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 29 1908

I HEREBY CERTIFY, That I attended deceased from Feb 29 1908 to Feb 29 1908 that I last saw h~~e~~r alive on Feb 29 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) Hours

Contributory (Primary.)

(DURATION) DAYS

(Signed) Irvin Eberly M.D.

Address 1701 Pa Ave

Date Feb 29 1908

Place of Burial Mt. Auburn Cemetery

Date ~~Feb.~~ Mar. 3" 1908

Undertaker Alex. Hensley

Address 570 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

19

Joseph G. Johnson C 9990

112

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9990

City of Baltimore, (No. 1638 H Baltimore St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph G. Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: March 7 1836 (Month) (Day) (Year)

AGE: 71 years, 11 months, 22 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jas G. Johnson

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Agnes Broadbent

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Johnson

(Address) 46 S Poppleton St

Filed 3/2 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 29th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 7th 1908 to Feby 29 1908 that I last saw h[illegible] alive on Feby 29 1908, and that death occurred, on the date stated above, at [illegible] P. M. The CAUSE OF DEATH was as follows: 1135

Cerebral Hemorrhage

(DURATION) 31 DAYS

Contributory [illegible]

(DURATION) DAYS

(Signed) Geo Johnson M. D.

1908 (Address) 46 S Poppleton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: March 3 1908

UNDERTAKER: Jas B Cook — ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 9991 Registered No. B C 9991

155

CERTIFICATE OF DEATH.

(Place of Death.) No. Uni of Maryland Hosp - St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Emma Hyde

{ Residence, if in Baltimore, Give Street and Number. } 109 Parkin St.

Duration of Residence in Baltimore. Life (Hyde)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 1856

AGE 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Hyde

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Clara Ruby

(Address) 109 Parkin St.

Filed 3/2 190 8

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 29 or 1 1908

I HEREBY CERTIFY, That I attended deceased from As Likrown 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage, Cirrhosis with Suicidal intent.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Iglehart M.D. Coroner

Address 211 W. Lanvale St

Date 2.29.08 1908

Place of Burial Baltimore Cem

Date ~~Feb~~ Mch 3 1908

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Remove to 109 S Parkins St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 9992

City of Baltimore, (No. 1733, E. Eager St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary C. Helzler

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: April 7 1844 (Month) (Day) (Year)

AGE: 63 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John Murphy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Annie Doyle

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry E Helzler

(Address) 1733 E Eager St

Filed 3/2 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby 28 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 11 1908 to Feb 28 1908

that I last saw her alive on Feb 28 1908,

and that death occurred, on the date stated above, at 4 45 P. M. The CAUSE OF DEATH was as follows:

Malignant Jaundice (DURATION) 17 DAYS

Contributory Comp — (DURATION) DAYS

(Signed) W W Mish — M. D.

Feb 29 1908 (Address) 1101 N Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Mar. 2 1908

UNDERTAKER: Wm J Schnaffer — ADDRESS: # 6 S. Front St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — Registered No. B C 9993 — 5 5393

CERTIFICATE OF DEATH.

64

(Place of Death.) No. Manchester Apts St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Cohen

{Residence, if in Baltimore, Give Street and Number.} Manchester Apmts, 1 Bloom & Madison Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F Female | COLOR: W

DATE OF BIRTH: 1

AGE: 59 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: (

BIRTHPLACE OF FATHER (State or country): (

MAIDEN NAME OF MOTHER: (

BIRTHPLACE OF MOTHER (State or country): (

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Cohen

(Address) Manchester Apt

Filed 3/2 1908 HARRY O. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1st 1908

I HEREBY CERTIFY, That I attended deceased from Feb 24 1908 to Mar 1 1908

that I last saw h W alive on Mar 1 1908

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy (Cerebral haemorrhage, on left side, with aphasia & rt sided paralysis

(DURATION) 6 DAYS

Con'ributory (Primary.) Mitral insufficiency

Several years (DURATION) DAYS

(Signed) Leonard K. Hirshberg M.D.

Address 1937 Madison Ave

Date March 1 1908

Place of Burial Mt Sinai

Date March 4 1908

Undertaker Howard Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

917 N. North Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 9994 Registered No. B 93

CERTIFICATE OF DEATH. C 9994

(Place of Death.) No. 420 N. Pratt St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marrie Black

{Residence, if in Baltimore, Give Street and Number.} 420 W Pratt St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August, 25 1859

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Isaac Black

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Minnie Trockevitch

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Cook

(Address) 52 Aisquith st

Filed 3/2 1908 MARY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch. 1st 1908.

I HEREBY CERTIFY, That I attended deceased from Feb. 22 1908 to Mch 1st 1908 that I last saw him alive on Feb. 29, 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. L. Nuckols M.D.

Address 504 S. Paca St

Date Mch. 12 1908

Place of Burial Hebrew Washington Rd

Date March 2, 1908

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 9995 Registered No. B C 9995

76

CERTIFICATE OF DEATH.

(Place of Death.) No. 1408 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaac S. Heistein

{ Residence, if in Baltimore, Give Street and Number. } 1408 E. Lombard St. - Same House -

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W

DATE OF BIRTH 1

AGE — years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) ~~Russia~~ City.

FULL NAME OF FATHER Jacob Heistein

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Celia Kriger

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Heistein

(Address) 1408 E Lombard st

Filed 3/2 1908 HENRY O. ANDREWS Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 28 1908 to Feb. 28 1908

that I last saw h Im alive on Feb 28 1908

and that death occurred, on the date stated above, at 3 P M. CAUSE OF DEATH (Secondary or Immediate)

Spasm of glottis

attended during 4 (DURATION) Days

Contributory (Primary.) Otitis Media (DURATION) 4 weeks

(Signed) J. C. Josephson M.D.

Address 4 N. Bway

Date March 1 1908

Place of Burial Hebrew Roordale Cemetery

Date March 4 1908

Undertaker Max Levinson

Address 1620 McElderry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 9996 Registered No. B

CERTIFICATE OF DEATH. C 9996

(Place of Death.) No. 114 S. Caroline St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Esther Levine

{Residence, if in Baltimore, Give Street and Number.} 114 S. Caroline

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE — years, 8 months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Moris Levin

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rachel Jacobs

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Levin

(Address) 114 S Caroline St

Filed 3/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 25 March 2 1908 to Feb. 28 1908 that I last saw her alive on Feb. 28 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or immediate)

Apnoea

(DURATION) DAYS

Contributory (Primary.) Convulsions various attacks during 60 (DURATION) DAYS

(Signed) J. Josephson M.D.

Address 4 N. Bivay

Date March 2 1908

Place of Burial Hebrew Rockdale Cemetery

Date March 2, 1908

Undertaker Max Levinson

Address 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the City Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 9997 Registered No. B C 9997

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 206 S High St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dora Goodman

{Residence, if in Baltimore, Give Street and Number.} 206 S High

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 5 years, 1 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Cohen Goodman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Minnie Glazier

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Goodman

(Address) 206 S High st

Filed 3/2 1908 MARY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb 26 1908 to March 2 1908

that I last saw h[er] alive on March 1 1908

and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

Dropsy (DURATION) 1 wk 6 DAYS

Con'tributory (Primary.) (DURATION) DAYS

(Signed) Chas. F Blake M.D.

Address 1523 Eutaw

Date March 2 1908

Place of Burial Hebrew Roondale Cemetery

Date March 2, 1908

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 9998 Registered No. B

CERTIFICATE OF DEATH. C 9998

42

(Place of Death.) No. 2314 Hunters Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet Harden

{ Residence, if in Baltimore, Give Street and Number. } 2314 Hunters Alley

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colard

DATE OF BIRTH ..... 1 .....

AGE 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Barny Harden

BIRTHPLACE OF FATHER (State or country) Tall Rood Md.

MAIDEN NAME OF MOTHER Mary Harden

BIRTHPLACE OF MOTHER (State or country) Montgomery Co Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Welson

(Address) 2314 Hunter Place

Filed 3/2 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1908.

I HEREBY CERTIFY, That I attended deceased from Sept 10 1907 to March 1 1908 that I last saw h.e alive on March 1 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of the Uterus.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Robt. G. Schisler M.D.

Address 1247 East 23 St

Date March 1 1908

Place of Burial Loral Cemetery

Date March 4 1908

Undertaker John H Owens & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 9999 Registered No. B ..... C 9999

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 2401 Barclay St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura F. Chew

{ Residence, if in Baltimore, Give Street and Number. } 2401 Barclay

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 11 1829

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Richard E Patterson

BIRTHPLACE OF FATHER (State or country): Ind.

MAIDEN NAME OF MOTHER: Juliet Onion

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rhesmond L. Chew

(Address) 113 N. Monroe St

Filed 3/2 1908 HENRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 29th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 2nd 1907 to Feby 29 1908

that I last saw h.r alive on Feby 27th 1908,

and that death occurred, on the date stated above, at 1.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from inability to take nourishment

(DURATION) ? DAYS

Contributory (Primary.) Enteritis about (DURATION) 90 DAYS

(Signed) W T Wenny M.D.

Address 2129 St Paul St

Date Feby 29th 1908

Place of Burial Western

Date March 2 1908

Undertaker Wm Crooke

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1908
69
1829

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, occupation, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 10000

City of Baltimore, (No. 1929 W. Lanvale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis D. Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. (Month) 29th (Day) 1885 (Year)

AGE: 22 years, 3 months, 30 days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: B. J. B. Jones.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Julia E. H. Barley.

BIRTHPLACE OF MOTHER (State or country): Maryland!

OCCUPATION OF DECEASED: Stock Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B J B Jones

(Address) 1929 W Lanvale St

Filed 3/2 1908

HENRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 24th 1908 to Feb 28th 1908 that I last saw him alive on Feb 28th 1908, and that death occurred, on the date stated above, at 7.20 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis
(Exhaustion)
about 10 mos. (DURATION) DAYS
Contributory Diarrhea
(DURATION) * DAYS

(Signed) Edw. Plummer M. D.

Feb 28 1908 (Address) 539 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 7 Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cemetery | DATE OF BURIAL: March 3rd 1908

UNDERTAKER: Geo. A. Gerting | ADDRESS: 14 S. Pulaski St.

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B .....

1001

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1216 Argyle Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alfred Fred Grimm

{ Residence, if in Baltimore, Give Street and Number. } 1216 Argyle Ave

Duration of Residence in Baltimore. 4 Months C. 10001

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: —— 1 ——

AGE: 27 years, —— months, —— days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Winchester Va

FULL NAME OF FATHER: Hunter B Grimm

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Emma Anderson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Grimm

(Address) 1216 Argyle ave

Filed 3/2 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 1st 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 18 1908 to March 1st 1908 that I last saw h... alive on March 1 1908 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-Spinal Meningitis

(DURATION) 14 DAYS

Contributory (Primary.) ~~Cerebro-Spinal~~ Meningitis

(DURATION) — DAYS

(Signed) W. B. Reder M.D.

Address 867 Woodward Ave

Date March 1st 1908

Place of Burial Winchester Va

Date March 2 1908

Undertaker W. E. Cook

Address 507 E Monument

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 — Registered No. B 1 61

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital Balto. City St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Heldmann

{Residence, if in Baltimore, Give Street and Number.} 1716 Fulton Ave.

Duration of Residence in Baltimore.

C. 10,002

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1883

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Geo Heldmann

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Klunk

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Heldmann

(Address) 526 Monroe

Filed 3/2 1908 HENRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 28, 1908.

I HEREBY CERTIFY, That I attended deceased from Feb. 25 1908 to Feb. 28 1908 that I last saw him alive on Feb. 28, 1908, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Cerebro Spinal meningitis - epidemic - fulminant type.

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. G. MacCallum M.D.

Address J. H. Hospital

Date Feb 28th 1908

Place of Burial Laurel Cem Co

Date March 2nd 1908

Undertaker John E Hughes

Address 1422 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C10003 Registered No. B .....

C10003
21

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Lee

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/2 1908 HENRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 29 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 14 1908 to Feb. 29 1908 that I last saw h~~im~~ alive on Feb 29 1908 and that death occurred, on the date stated above, at 4 a m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Feb. 29 1908

Place of Burial Sacred Heart Cem.

Date Monday March. 2 1908

Undertaker Wm. H. Evans

Address 118 W. Mt. Royal Ave.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C10001 Registered No. B

CERTIFICATE OF DEATH. C10004

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen V Geffing

{Residence, if in Baltimore, Give Street and Number.} Wilmington Del

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 28 1882

AGE 15 years, 11 months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Wm P Geffing

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Alice E Baker

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah J Evans

(Address) 929 W Saratoga St

Filed 3/2 1908 MARY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 29 1908

I HEREBY CERTIFY, That I attended deceased from Jan 26 1908 to Feb 29 1908

that I last saw h[illegible] alive on Feb 29 1908

and that death occurred, on the date stated above, at 10[illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

Insanition.

1 (DURATION) DAYS

Contributory (Primary.) Sarcoma of

many (DURATION) DAYS

(Signed) E St. Richardson M.D.

Address Johns Hopkins Hosp

Date Feb 29 1908

Place of Burial Havre De Grace Md

Date MAR 3 - 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — Registered No. B 10005 (C10005)

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 305 E. Mst St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pearl Margaret Robinson.

{Residence, if in Baltimore, Give Street and Number.} 305 E. Mst St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Feb. 3 1907.

AGE 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Ernst L. Robinson

BIRTHPLACE OF FATHER (State or country) New York.

MAIDEN NAME OF MOTHER Annie M. Ridgell.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernst L. Robinson

(Address) 305 E. Mst St.

Filed 3/2 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1908.

I HEREBY CERTIFY, That I attended deceased from Jan 9 1908 to Mch 1 1908 that I last saw h[illegible] alive on Feb. 29 1908, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia. (DURATION) DAYS

Contributory (Primary) Marasmus. (DURATION) DAYS

(Signed) L. Waldbesing M.D.

Address 603 S. Sharp St.

Date Mch. 2. 08. 190

Place of Burial Browns Wharf St Mary Co Md

Date MAR 4 - 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single), ***cause and date of death***.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

71

CERTIFICATE OF DEATH.

Registered No. B C10006

City of Baltimore, (No. 213 S. Eden St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Berman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White.

DATE OF BIRTH: March (Month) 2. (Day) 1908. (Year)

AGE: ..... years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Morris Berman

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Ida. Butcher

BIRTHPLACE OF MOTHER (State or country): Russia.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Berman.

(Address) 213 S. Eden St.

Filed 3/2 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 2 (Day) 1908. (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 7 1908 to March 2 1908 that I last saw h[illegible] alive on 2nd March 1908, and that death occurred, on the date stated above, at 1.15 A.M. The CAUSE OF DEATH was as follows:

Convulsions.

(DURATION) 3 DAYS

Contributory Complications

Since birth (DURATION) DAYS

(Signed) Fred W. Weber, M.D. M. D.

March 2 1908 (Address) 2009 E. Pratt St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mount Royal Cem'y | DATE OF BURIAL: Mar 3 1908

UNDERTAKER: Max Levinson | ADDRESS: [illegible]

WM. J. C. DULANY CO., BALTIMORE.

Ward 4 C10007 Registered No. B C10007

CERTIFICATE OF DEATH. 19.

(Place of Death.) No. 203 Bath St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter Benjamin

{ Residence, if in Baltimore, Give Street and Number. } 203 Bath

Duration of Residence in Baltimore. Not known

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: Infant — 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Not Known

FULL NAME OF FATHER: - - - -

BIRTHPLACE OF FATHER (State or country): - - - -

MAIDEN NAME OF MOTHER: - -

BIRTHPLACE OF MOTHER (State or country): - - - -

OCCUPATION OF DECEASED: Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B S Hayden

(Address) 1216 N Carolina st

Filed 3/2 1908

HENRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 24 1908

I HEREBY CERTIFY, That I attended deceased from Coroner's Case 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) B. S. Hayden M.D.
Coroner

Address 216 N Carolina st

Date Feb 28 1908

Place of Burial COLLEGE OF P. &

Date FEB 29 1908 190

Undertaker

Address

FOR ANATOMICAL PURPOSES

Commissioner of Health,
Per Wm. E. WOODALL

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

43

Morgue

Ward 7 C10008 Registered No. B C10008

CERTIFICATE OF DEATH. 179

(Place of Death) No. East end patrol Wagon 8t. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)
from Broadway Market to J. H. H. Hospital

Full Name Carl Eklund

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH 1868

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/2 1908

HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 29 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... I. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Thomas Sadler Cannon M.D.

Address 320 ½ Greene St

Date ..... 190 .....

Place of Burial COLLEGE OF P. & S.

Date FEB 29 1908 190 .....

Undertaker Commissioner Health.

Address Per. Wm. E. WOODALL.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

37

Ward 5 C10009 Registered No. B C10009

CERTIFICATE OF DEATH.

(Place of Death.) No. 1510 Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cindy Smith

{Residence, if in Baltimore, Give Street and Number.} 1510 Fremont Ave 93

Duration of Residence in Baltimore. 8 wks

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR Col

DATE OF BIRTH 1

AGE 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Divd.

BIRTHPLACE (State or country) King William Co Va

FULL NAME OF FATHER Boleden Banks

BIRTHPLACE OF FATHER (State or country) King William Co Va

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) ✓

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Mill

(Address) 1510 Fremont Ave

Filed 3/2 1908 HARRY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 29 1908

I HEREBY CERTIFY, That I attended deceased from Feb 20 1908 to Feb 29 1908

that I last saw h alive on Feb 28 1908,

and that death occurred, on the date stated above, at 4.30 a M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) W. C. Houck M.D.

Address 1914 Vernon Ave

Date 2/29/08 1908

Place of Burial Cedar Wharf Mathews Co Va

Date March 3 1908

Undertaker Felix A. Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C10010 Registered No. B C10010

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 20 Jackson St. (Homestead) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph N White

{ Residence, if in Baltimore, Give Street and Number. } 20 Jackson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: J D Addison White

BIRTHPLACE OF FATHER (State or country): Howard Co. Md.

MAIDEN NAME OF MOTHER: Hannah A Curran

BIRTHPLACE OF MOTHER (State or country): Howard Co. Md.

OCCUPATION OF DECEASED: Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Hannah A White

(Address) 20 Jackson St.

Filed 3/2 1908 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 29, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1908 to Feb 29, 1908 that I last saw h[illegible] alive on Feb 29, 1908 and that death occurred, on the date stated above, at 12

P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy - General Paralysis

Fifteen (15) hours (DURATION) DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) DAYS

(Signed) A. A. Elwell, M.D.

Address 1741 Hanford Ave

Date Feb. 29, 1908

Place of Burial Balto. Cemetery

Date March 3rd 1908

Undertaker Henry Stoeck & Son

Address 1201 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10011 Registered No. B C10011

CERTIFICATE OF DEATH. -1

(Place of Death.) No. 1102 E Madison St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary T Tulley

{Residence, if in Baltimore, Give Street and Number.} 1102 E madison st

Duration of Residence in Baltimore. 14 Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH Sept 18th 1905

AGE 2 years, 5 months, 14 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER Henry T. Tulley

BIRTHPLACE OF FATHER (State or country) Balto. City

MAIDEN NAME OF MOTHER Grace M. Metz

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1102 E. Madison St

Filed 3/2 1908 WM. C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb 21 1908 to Mar 2 1908 that I last saw h er alive on March 1908, and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate.)

Scarlet Fever

10 days.

Throat Complication (DURATION) 4 DAYS

Contributory (Primary.)

Coma (DURATION) 1 DAYS

(Signed) M Mitchell M.D.

Address 827 Consequent St

Date Mar 2 - 08 1908

Place of Burial Baltimore Cemetery

Date March 2nd 1908

Undertaker Henry Stock & Son

Address 1301 E Eager St

4 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10012 Registered No. B C10012

CERTIFICATE OF DEATH.

(Place of Death.) No. 2305 Foster Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Altevogt

{Residence, if in Baltimore, Give Street and Number.} 2305 Foster Ave.

Duration of Residence in Baltimore. 46 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: December 23 1827

AGE: 80 years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: William Altevogt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kate Mintrop

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred. E. altevogt

(Address) 2305 Foster Ave.

Filed 2/2 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 29 TH at 9(15) 1908

I HEREBY CERTIFY, That I attended deceased from Feb 4th 190 to Feb 29th 1908 that I last saw h[im] alive on Feb 21st 190 8 and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate.)

uremia

(DURATION) DAYS

Contributory (Primary.) Senile Debility (DURATION) DAYS

(Signed) A. R. Zimmerman M.D.

Address 180 S. W north ave

Date Feb. 29th 1908

Place of Burial Bachmans Cemetery

Date March 3 1908

Undertaker Louis Heemann

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the U[nder]taker employed or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full n[ame], sex, color, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 C10013 Registered No. B C10013

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1508 Mt. Royal Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jefferson J. Walsh

{ Residence, if in Baltimore, Give Street and Number. } 1508 Mt. Royal Ave.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 27 1844

AGE 63 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER Philip Walsh

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine O'Rourke

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Contractor & Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Walsh

(Address) 1508 Mt. Royal Ave.

Filed 3/2 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 29th 1908

I HEREBY CERTIFY, That I attended deceased from Feby 25th 1908 to Feby 29th 1908 that I last saw h.. alive on Feby 28th 1908, and that death occurred, on the date stated above, at 7.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 4 DAYS

Contributory (Primary.) Gouty Kidneys

Some years (DURATION) — DAYS

(Signed) C. H. Wan Arp M.D.

Address 201 W. Lafayette Ave

Date March 1st 1908

Place of Burial Cathedral Cemetery

Date March 3, 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 Registered No. B C10014

C10014

CERTIFICATE OF DEATH.

91

(Place of Death.) No. Chas. & Sons, Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jane Ogier

{Residence, if in Baltimore, Give Street and Number.} Chas. & Sons, Infirmary & Broadway

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Aug. 2. 1819

AGE 88 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER Andrew Carruthers

BIRTHPLACE OF FATHER (State or country) Scotland.

MAIDEN NAME OF MOTHER Do not know

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Ogier

(Address) 2100 Bolton Ave.

Filed 3/2 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 29 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 25 1902 to Feb. 29 1908 that I last saw h.er alive on July 29 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Bronchitis

(DURATION) 6 Yrs DAYS

Contributory (Primary.) Arterio Sclerosis

(DURATION) — DAYS

(Signed) [illegible] M.D.

Address The Chas. & Sons Infirmary

Date February 29 1908

Place of Burial Greenmount Cemetery

Date Mar. 2, 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C10015 Registered No. B C10015

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 231 Richmond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Joseph

{ Residence, if in Baltimore, Give Street and Number. } 231 Richmond St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 26 1878

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm E. Joseph.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Cull.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Cull

(Address) 1311 N. Charles.

Filed 3/2 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2-29 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 20 1908 to Feb. 29 1908 that I last saw h.. alive on Feb 29 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Mitral Regurgitation of Heart. (DURATION) about 4 years DAYS

(Signed) H. W. Bruen M.D.

Address Md. Gen. Hosp.

Date ~~Feb. 2~~ March 4, 1908.

Place of Burial Holy Cross

Date Mar 5 1908

Undertaker Robt Turner

Address 1424 Bway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C10016 Registered No. B C10016

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 21. N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lula Elizabeth Fagan

{ Residence, if in Baltimore, Give Street and Number. } 21. N. Bruce

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: ....years, ...months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Augustus Fagan

BIRTHPLACE OF FATHER (State or country): N.C

MAIDEN NAME OF MOTHER: Mary Doney

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Nowas

(Address) 21 N Bruce St

Filed 3/2 1908 HENRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1908

I HEREBY CERTIFY, That I attended deceased from March 190 to March 190

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at 3.36 a m.

I. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary) 7. months.

(DURATION) DAYS

(Signed) Thomas Jones M.D.

Address Confidential

Date March 2nd 1908

Place of Burial Mt Olivet

Date Mar 3 190

Undertaker Wm J. Johnson

Address 614 E Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C10017 Registered No. B C10017

CERTIFICATE OF DEATH. 47

(Place of Death.) No. Maryland Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Celie Rice.

{ Residence, if in Baltimore, Give Street and Number. } 1826 Carroll Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fenal | COLOR Colored

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Ryer

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Hose Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Ryer

(Address) 1826 Carroll a.

Filed 3/2 1908 HENRY O. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 29 1908 to Mar 2 1908

that I last saw h[illegible] alive on Mar 2 1908

and that death occurred, on the date stated above, at 12 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 3 hrs DAYS

Contributory (Primary.) Rheumatism

(DURATION) Indefinite DAYS

(Signed) Geo. R. Jones M.D.

Address 1122 N. Mount St

Date March 2 1908

Place of Burial Mutual Co Mor Station

Date Mar 3 1908

Undertaker Wm J. Johnson

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C10018 Registered No. B 414

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 5 Madison St. Homestead St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Christopher Lantz.

{Residence, if in Baltimore, Give Street and Number.} 5 Madison St.

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: June 4th 1835

AGE: 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Christopher Lantz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Boilermaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Lantz

(Address) 5 Madison St.

Filed March 2 1908

HENRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 2 - 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1907 to Mch 2 1908

that I last saw him alive on Feb 26 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

One month (DURATION)

Contributory (Primary.) Chronic Bronchitis

12 years (DURATION) —

(Signed) John O. Kuhn M.D.

Address 428 Gorsuch Ave.

Date March 2 - 1908

Place of Burial Baltimore

Date Mch 4 1908

Undertaker Wm Cook

Address 502 E. Fairmount

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10019 Registered No. B C10019

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 714 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick J. H. Valentine

{Residence, if in Baltimore, Give Street and Number.} 714 Greenmount Ave.

Duration of Residence in Baltimore. 22 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 9th 1860

AGE 47 years, 10 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Hultz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Katherine Scherer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick J. H. Valentine

(Address) 714 Greenmount Ave

Filed March 2 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1st 1908

I HEREBY CERTIFY, That I attended deceased from Jan 25th 1908 to March 1 1908

that I last saw her alive on Feb 29 1908,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy Bright's Disease

Last Illness (DURATION) 3 DAYS

Contributory (Primary.) Apoplexy (DURATION) 3 DAYS

(Signed) Dr. H. W. Kennard M. D.

Address 708 Enon St

Date March 1 1908

Place of Burial Western Cemetery

Date March 3rd 1908

Undertaker 22 Years John F. Tuttle

Address 211 W. Fayette St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C10020 Registered No. B C10020

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 111 Union Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name LeRoy F. Merson

{Residence, if in Baltimore, Give Street and Number.} 111 Union Ave

Duration of Residence in Baltimore. 6 years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Jan 28 1897
AGE	11 years, 1 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Laurel Md
FULL NAME OF FATHER	Geo. Merson
BIRTHPLACE OF FATHER (State or country)	Laurel.
MAIDEN NAME OF MOTHER	Ann Odell
BIRTHPLACE OF MOTHER (State or country)	Charlestown W Va
OCCUPATION OF DECEASED	Scholar

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ann Merson

(Address) 111 Union Ave

Filed 3/2 1908

HENRY O. INDERWICK
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 29 1908

I HEREBY CERTIFY, That I attended deceased from Feb 27 1908 to Feb 29 1908 that I last saw h alive on Feb 29 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Head Injured in a Coasting accident about 3 Wks ago Causing Convulsions and death (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) D W Smith M.D.

Address 206 - 3rd Ave

Date March 2nd 1908

Place of Burial Laurel Md

Date Mar 3 1908

Undertaker N. S. Marshall

Address 353 Talbot Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C10021 Registered No. B C10021

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 3461 Cedar Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Elizabeth Younger

{Residence, if in Baltimore, Give Street and Number.} 3461 Cedar Av

Duration of Residence in Baltimore. Since Annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 18 1845

AGE 63 years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Lewis

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Sarah Smith

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Effie Younger

(Address) 3461 Cedar Av

Filed 3/2 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 1 1908

I HEREBY CERTIFY, That I attended deceased from Feb 22 1908 to March 1. 1908 that I last saw her alive on March 1 1908, and that death occurred, on the date stated above, at 12 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C W Smyth M.D.

Address 206 - 3rd ave

Date March 2nd 1908

Place of Burial Mt Olivet

Date Mar 3 1908

Undertaker J. L. Haycock

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 79

HARRY O. ANDREWS,
PERMIT CLERK.

CERTIFICATE OF DEATH.

(Place of Death.) No. 758 Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret E Eakle

{ Residence, if in Baltimore, Give Street and Number. } 758 Dolphin

Duration of Residence in Baltimore. 25 years C. 10028

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 60 years, ... months, ... days

SINGLE, ~~MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Smithburg Md

FULL NAME OF FATHER Washington K Eakle

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Ruth Fogler

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patience M Eakle

(Address) 750 Dolphin

Filed 3/12 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3/11 1908

I HEREBY CERTIFY, That I attended deceased from 1/2/ 1908 to 3/11 1908

that I last saw h[illegible] alive on 3/11 1908,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Echaustion and Mitral Regurgitation

(DURATION) 60 DAYS

Contributory (Primary.) Echaustion

(DURATION) 3 DAYS

(Signed) J. F. Grauel M.D.

Address 501-E-22nd St

Date 3/11 1908

Place of Burial Smithburg Md

Date March 4th 1908

Undertaker Stewart & Mowen Co

Address 215 Park Ave.

WM. J. C. DULANY CO., BALTIMORE.

Do Borechurch - 22nd & Wash

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10023 C10023 Registered No. B 176.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1217 Columbus Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Inf. of
Full Name George & Louisa Folch

{ Residence, if in Baltimore, Give Street and Number. } 1217 Columbus Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 1st 1908
AGE	— years, — months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	George Folch
BIRTHPLACE OF FATHER (State or country)	W. Va.
MAIDEN NAME OF MOTHER	Louisa Thomas
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Folch

(Address) 1217 Columbus Ave

Filed March 3 1908 HARRY G. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2nd 1908

I HEREBY CERTIFY, That I attended deceased from March 1st, 1908 to March 1st 1908 that I last saw h— alive on March 1st 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Prolonged Labor.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward Dulany M.D.

Address 1217 Lexington Ave

Date March 2nd 1908

Place of Burial Western Cem.

Date March 3 1908

Undertaker Ph. J. Dill & Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 47 C10031 C10024

Registered No. B

45

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr Wm H. Fisher

{ Residence, if in Baltimore, Give Street and Number. } Phoenix Md

Duration of Residence in Baltimore. 4 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: June 30 1845

AGE: 62 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: not known.

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: K. Price

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION [illegible] ASED: Labor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H C Fisher

(Address) Phoenix Md

Filed 3/3 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 3-2 1908

I HEREBY CERTIFY, That I attended deceased from 2-28 1908 to 3-2 1908 that I last saw him alive on 3-2 1908, and that death occurred, on the date stated above, at 3

P. M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure - following General Metastasis.

— (DURATION) — DAYS

Contributory (Primary.) Carcinoma of Thyroid Gland (DURATION) 6 months DAYS

(Signed) G. H. Billings M.D.

Address University Hospital,

Date 3-3 1908

Place of Burial Phoenix Md.

Date Mar 3 1908

Undertaker W. C. Brooks

Address Pimlopolis

WM. J. C. DULANY CO., BALTIMORE.

And be it further enacted and ordained, That whenever any [illegible] who attended during his or her last [illegible]

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Ward 20

C10025 Registered No. B C10025

CERTIFICATE OF DEATH.

9i

(Place of Death.) No. 137 W. York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William R Bowman

{Residence, if in Baltimore, Give Street and Number.} 137 W. North Ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 4 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Enoch Robinson

BIRTHPLACE OF FATHER (State or country): Calvert co md

MAIDEN NAME OF MOTHER: Eliza Robinson

BIRTHPLACE OF MOTHER (State or country): Calvert co md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Enoch Robinson

(Address) 137 W. York St

Filed 3/3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb 25 1908 to March 2 1908 that I last saw him alive on March 1 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 7 DAYS

Contributory (Primary.) Bronchitis

(DURATION) 7 DAYS

(Signed) A H Flowers M.D.

Address 712 S. Stamp Apt C

Date March 2d 1908

Place of Burial Mt Lebanon

Date March 3d 1908

Undertaker G. L. Brownfield Son

Address 108 W. Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and *the cause and date of death*.

Ward 7 C10026 Registered No. B C10026

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 N. York St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriett Williams

{Residence, if in Baltimore, Give Street and Number.} 105 N. York St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Simms

(Address) 105 N. York St

Filed 3/3 1908 HENRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1908

I HEREBY CERTIFY, That I attended deceased from Feby 1 1908 to Mch 1 1908 that I last saw her alive on Mch 1 1908, and that death occurred, on the date stated above, at 1.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bright's disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw. Smith M.D.

Address 578 Hanover St

Date March 2 1908 190

Place of Burial Mt Auburn St

Date March 2d 190

Undertaker D. L. Brown & Son

Address 107 N. Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10027 Registered No. B C10027

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CERTIFICATE OF DEATH.

(Place of Death.) No. 2739 Prospect St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Muriel G. Kennedy

{Residence, if in Baltimore, Give Street and Number.} 2739 Prospect St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 16th 1906

AGE 2 years, months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER Charles. Kennedy

BIRTHPLACE OF FATHER (State or country) Baltimore city

MAIDEN NAME OF MOTHER Daisy Hahn

BIRTHPLACE OF MOTHER (State or country) Baltimore city

OCCUPATION OF DECEASED child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Charles Kennedy

(Address 2739 Prospect St

Filed 3/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1st 1908

I HEREBY CERTIFY, That I attended deceased from Feb 16th 1908 to March 1st 1908

that I last saw h alive on March 1st 1908,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-Meningitis
& Asthenia

(DURATION) 14 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 606 W Franklin St

Date March 2nd 1908

Place of Burial Loydon Park. Cem.

Date March 3rd 1908

Undertaker Geo Benz

Address 534 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C10028 Registered No. B C10028

CERTIFICATE OF DEATH.

50

(Place of Death.) No. 1362 Columbia Avenue Balto 2nd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name (Mrs.) Lena Saulebury

{Residence, if in Baltimore, Give Street and Number.} 1362 Columbia Ave

Duration of Residence in Baltimore. 68 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. 19. 1840

AGE: 68 years, — months, 12 days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~: Widowed;

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Nicholas Sinez.

BIRTHPLACE OF FATHER (State or country): France,

MAIDEN NAME OF MOTHER: Lena Reitz.

BIRTHPLACE OF MOTHER (State or country): France.

OCCUPATION OF DECEASED: Retired teacher.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) (Mrs) Sophie Barclay

(Address) 14 E. Franklin St

Filed 3/3 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1908

I HEREBY CERTIFY, That I attended deceased from April 1907 to Mar 2 1908 that I last saw h~~er~~ alive on Mar. 2 1908, and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 14 Months

Contributory (Primary.)

Diabetes Mel (DURATION) 12 Years

(Signed) Frances A. Carpenter M.D.

Address Madison Ave & Bloom

Date Mar. 2. 1908

Place of Burial London Park Cy

Date March 4th 1908

Undertaker Stewart & Mowru Co

Address 216 Park Ave

WM. J. C. DULANY CO., BALTIMORE

(SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10029

City of Baltimore, (No. 2030, Baltimore ave St.; 17th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Clara Doepfitz

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: Aged 71 years (Month) (Day) (Year)

AGE: ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Doepfitz

(Address) 2930 Bolton ave

Filed 3/3 1908

MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 2nd 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 2nd 9 AM 1908 to Mch 2nd 10-15 AM 1908

that I last saw h.. alive on Mch 2nd 1908,

and that death occurred, on the date stated above, at 10-15 A.M. The CAUSE OF DEATH was as follows:

Acute Indigestion causing heart failure

(DURATION) 1¼ hrs.

Contributory Chronic Indigestion

(DURATION) ..... DAYS

(Signed) Ellguen Douglass M.D.

Mch 2nd 1908 (Address) 833 W. Lanvale ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park DATE OF BURIAL: 3/4 1908

UNDERTAKER: Jacob A. Ulrich ADDRESS: 1607 Madison

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single), ... of the person deceased, and the cause and date of death.

Ward 1 C10030 Registered No. B C10030

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sebastian Shinnick

{Residence, if in Baltimore, Give Street and Number.} 620 S. Glover St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 28th 1855

AGE: 52 years, 4 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Nikolaus Shinnick

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known.

OCCUPATION OF DECEASED: Core-maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 29 1908

I HEREBY CERTIFY, That I attended deceased from Jan 23 1908 to Feb 29 1908 that I last saw h-im alive on Feb 29 1908 and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DATE

Contributory (Primary.) Pulmonary tuberculosis (DURATION) DATE

(Signed) Robt. T. Bay M.D. per D.L. Bate

Address Bay View

Date Feb 29 1908

Place of Burial N.F. Cemetery

Date March 3rd 1908

Undertaker H. Sander & Sons

Address 1710 Caroline Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C10031 Registered No. B C10031

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 2043 Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Cahill

{Residence, if in Baltimore, Give Street and Number.} 2043 Gough St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 16th 1863

AGE 44 years, 8 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Daniel Cahill

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Frances Doyle

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christiana Cahill

(Address) 1923 Gough St.

Filed 3/3 1908 HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1st. 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1908 to March 1st 1908 that I last saw h.. alive on March 1st 1908, and that death occurred, on the date stated above, at 6.. P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) La Grippe followed by Acute Pneumonic Phthisis (DURATION) DAYS

(Signed) Herman J. Sterling M.D.

Address 1937 Eastern Ave.

Date March 1st 1908

Place of Burial Baltimore Cemetery

Date March 4th 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue. S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B C10032

City of Baltimore, (No. 424, South Durham St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma R. Averdick

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Feb. (Month) 9 (Day) 1889 (Year)
AGE	19 years, — months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Chas. Averdick
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Emma Lowry
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Averdick

(Address) 424 S. Durham St.

Filed 3/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. (Month) 29th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from February 13, 1908 to Feb. 29th 1908

that I last saw her alive on Feb. 29th 1908

and that death occurred, on the date stated above, at 12 40 A. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 9 DAYS

Contributory Mitral Stenosis and Insufficiency

many years (DURATION) DAYS

(Signed) Louis Hamman M. D.

March 1, 1908 (Address) 22 W. Franklin St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Evangelical Cemetery	March 3 1908
UNDERTAKER	ADDRESS
H. Sander & Son	1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 C10033 Registered No. B C10033

CERTIFICATE OF DEATH.

(Place of Death.) No. 116 E Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hallie V Tucker

{Residence, if in Baltimore, Give Street and Number.} 116 E Fort Ave

Duration of Residence in Baltimore. Fifteen Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR White

DATE OF BIRTH July 20 1864

AGE 43 years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Frederick Md

FULL NAME OF FATHER Augustus Kehne

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Frederick

OCCUPATION OF DECEASED Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband
John Tucker

(Address) 116 E Fort Ave

Filed 3/3 1908 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feby 29 1908

I HEREBY CERTIFY, That I attended deceased from 2/24 1908 to 2/29 1908 that I last saw her alive on 2/24 1908, and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

2 hours (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L J Burlington M.D.

Address 102 E Fort Ave

Date Feby 29 1908

Place of Burial Louden Park.

Date March 3rd 1908

Undertaker Edward I Fassuing

Address 460 Battery Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person having the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C10034

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10034

City of Baltimore, (No. 839, Boyd St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eliza J. Jennings

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: (Month) (Day) 1840 (Year)

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Eliza J. Linigum

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Henry Jennings

(Address) 839 Boyd St.

Filed 3/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feby (Month) 29th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 12th 1908 to Feby 29th 1908 that I last saw h alive on Feby 28th 1908, and that death occurred, on the date stated above, at 10.30 P. M. The CAUSE OF DEATH was as follows:

Valvular disease of heart & dropsy

(DURATION) 48 DAYS

Contributory old age (DURATION) DAYS

(Signed) H. W. Webner M. D.

March 1st 1908 (Address) 723 W. Lombard St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death: Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Zion	March 3, 1908
UNDERTAKER	ADDRESS
John H. Toadvin	142 Hill St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C10035 Registered No. B C10035

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nathan Smith

{Residence, if in Baltimore, Give Street and Number.} 1071 Argyle ave -

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) St Marys Co Md.

FULL NAME OF FATHER Nick Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Alice Smith

(Address) 1516 Jefferson st. Balto

Filed 3/3 1908 HENRY G. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 8 1908 to March 2 1908 that I last saw h- alive on March 1 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

..... (DURATION) ..... DAYS

Contributory (Primary.) Chronic Nephritis

One Year (DURATION) ..... DAYS

(Signed) Wm. W. Bowen M.D.

Address Md. Gen. Hosp.

Date March 2, 1908

Place of Burial U. S. National Cemetery

Date March 4th 1908

Undertaker Selig B Pye

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C10036

City of Baltimore, (No. 1426 Rutter St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Coleman

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Female~~ | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 3 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: George W Coleman

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Julia Barkley

BIRTHPLACE OF MOTHER (State or country): Washington D C.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W. Coleman

(Address) 1426 Rutter St.

Filed 3/3 1908 HENRY C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 2nd 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 26 1908 to March 1 1908

that I last saw h[illegible] alive on March 1 1908,

and that death occurred, on the date stated above, at 12.30 P. M. The CAUSE OF DEATH was as follows:

Consumption

Supp. Months (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) C. M. Dodson M. D.

March 2 1908 (Address) 1408 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: March 4th 1908

UNDERTAKER: Felix B Pye

ADDRESS: 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C10037 Registered No. B C10037

correct No 2548

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. 2648 Hudson Hill St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie E Cole

Correct 2548

{Residence, if in Baltimore, Give Street and Number.} 2648 Hudson Hill

Duration of Residence in Baltimore. Lyfetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City.

FULL NAME OF FATHER: Chas Cole

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Sarah Hise

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Cole.

(Address) 2548 Hudson Hill

Per M.C.R.

Filed 3/3 1908 HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Bronchs March 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Feb 27 1908 to March 2nd 1908 that I last saw h er alive on March 2nd 1908, and that death occurred, on the date stated above, at 2.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchs Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Bronchitis

(DURATION) DAYS

(Signed) L a Richardson M.D.

Address 114 W. 20th St.

Date March 2nd 1908

Place of Burial Culpepper Station Va

Date March 4th 1908

Undertaker Felix B Pye.

Address 102 E Hulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C10038 Registered No. B C10038

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 926 Warner St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hermon R Hodge

{Residence, if in Baltimore, Give Street and Number.} 926 Warner St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: col

DATE OF BIRTH: 1

AGE: 4 years, 2 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: S

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: William H Hodge

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Gertenude Rudd[illegible]

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertenude Ruddey

(Address) 926 Warner St

Filed 3/3 1908 HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 29 1908

I HEREBY CERTIFY, That I attended deceased from Feb 22 1908 to Feb 29 1908

that I last saw him alive on Feb 29 1908,

and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis

(DURATION) 7 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 7 DAYS

(Signed) [signature] M.D.

Address 1125 Stamp St

Date March 2nd. 1908

Place of Burial Mt Auburn cemty

Date March 3 1908

Undertaker John H Jordin

Address 1142 W Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C10039 — Registered No. B C10039

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1408 E. Preston St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane T. Donahue

{Residence, if in Baltimore, Give Street and Number.} 1408 E. Preston St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 27 1851

AGE 56 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John Donahue

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Anna Morris

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED Dress maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mary Donahue.

(Address 1408 E. Preston St.

Filed 3/3 1908

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1908 to March 2 1908

that I last saw h-r alive on Feb 29 1908,

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. H. Kelly M.D.

Address 1113 Madison Ave

Date March 2 1908

Place of Burial Cathedral Cemetery

Date March 5 1908

Undertaker Chas F. Evans

Address 114 N. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C1040 Registered No. B C1040

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Penitentiary St. (If Death occured in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John T. Davis

{ Residence, if in Baltimore, Give Street and Number. } Prince Geo. Co. Md.

Duration of Residence in Baltimore. 3yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Mulatto

DATE OF BIRTH 1

AGE 21 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Prince Geo. Co. Md

FULL NAME OF FATHER Henry Davis

BIRTHPLACE OF FATHER (State or country) Prince Geo. Co.

MAIDEN NAME OF MOTHER Maria (Davis).

BIRTHPLACE OF MOTHER (State or country) Prince Geo. Co. Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant John T. Wrigley

(Address) Md Penitentiary

Filed 3/3 1908

HENRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28 1908

I HEREBY CERTIFY, That I attended deceased from Feb 11 1908 to Feb 28 1908

that I last saw h alive on Feb 28 1908

and that death occurred, on the date stated above, at 9.55 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Emphysema.

10 (DURATION) DAYS

Con'tributery (Primary) Pleuro Pneumonia

47 (DURATION) DAYS

(Signed) Thurdon Bond M.D.

Address 1808 N. Charles St.

Date Feb 28 1908

Place of Burial Sacred Heart

Date March 3 1908

Undertaker Chas E. Evans

Address 118 & 120 W. Mt. Royal ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9 1

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

61

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10041

City of Baltimore, (No. 1115 E. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sallie Klepfish

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 3 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Mosek Klepfish

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Bas Rupfeller

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Klepfish

(Address) 1115 E. Fayette St.

Filed 3/3 1908 HENRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 3 (Month) 2 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 3.2.1908 to 3.2.1908

that I last saw him alive on 3.2.1908,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Cerebro Spinal Meningitis.

(DURATION) 2 DAYS

Contributory Cardiac Stenosis

(DURATION) ..... DAYS

(Signed) L. L. Kastoff M. D.

3.3.1908 (Address) 1115 E. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Rosedale — DATE OF BURIAL: Mar 3 1908

UNDERTAKER: May Levinson — ADDRESS: 1610 E. Oliver

WM. J. C. DULANY CO., BALTIMORE.

Ward 15 C10042 Registered No. B C10042

CERTIFICATE OF DEATH.

(Place of Death.) No. 1623 Presstman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary V. Tyler

{Residence, if in Baltimore, Give Street and Number.} 1623 Presstman St.

Duration of Residence in Baltimore. All life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 20 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Robert Tyler

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary E. Hackett

BIRTHPLACE OF MOTHER (State or country): Howard Co

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Tyler

(Address) 1623 Presstman St

Filed 3/3 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 1 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 27 1908 to Mch 1 1908 that I last saw her alive on Mch 1 1908 and that death occurred, on the date stated above, at 9.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia with Acute involvement. (Contributory) (DURATION) 4 DAYS

Contributory (Primary) Measles. (DURATION) DAYS

(Signed) Wm. H. Myers M.D.

Address 1373 N. Carey St

Date Mch. 2, 1908

Place of Burial Laurel Cemetery

Date March 3. 1908

Undertaker R. S. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10043 Registered No. B C10043

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 215 N. Amity St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph F. M. Harris

{Residence, if in Baltimore, Give Street and Number.} 215 N. Amity St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: mulatto

DATE OF BIRTH: June 25 1907.

AGE: ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph F. Harris

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Mamie Griffin

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abbie Harris

(Address) 215 N Amity

Filed 3/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb 10 1908 to March 2 1908

that I last saw him alive on " " 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastroenteritis + Convulsions

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Heuer M.D.

Address 156 Milton Ave

Date March 3 1908

Place of Burial Asbury Cem

Date Mch 4 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C10044

Ward ..... C10044 Registered No. B .....

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Glenn Parran

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: ..... 60 ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 29 1908

I HEREBY CERTIFY, That I attended deceased from Feb 24 1908 to Feb 29 1908 that I last saw h.im alive on Feb 29 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt. P. Bay for D. Bate M.D.

Address Bay View

Date Feb 29 1908

Place of Burial JOHNS HOPKINS H. BAY VIEW ASYLUM

Date MAR 2 - 1908 1908

Undertaker Geo Thompson

Address 1825 Gose St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C10045 Registered No. B C10045

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2613 Maryland ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William B Turner

{ Residence, if ~~in Baltimore~~, Give ~~Street and~~ Number. } Oakdale Anne Arundel Co Md

Duration of Residence in Baltimore. ——

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 20 1828

AGE 79 years, 4 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Charles H Turner

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Margaret Ball

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M C Turner

(Address) 2613 Maryland Ave

Filed 3/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1908

I HEREBY CERTIFY, That I attended deceased from Febry 6th 1908 to March 2 1908 that I last saw him alive on March 1 1908 and that death occurred, on the date stated above, at 9.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Brights — (Had a partial paralysis 15 mos ago)

(DURATION) DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) W. F. A. Kemp M.D.

Address 8 W 25 St

Date March 2 1908

Place of Burial Loudon Park Mem

Date March 4, 1908 190

Undertaker Wm. J. Dulany & Sons

Address Caroline & Fayette Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 4 — C10046 — Registered No. B C10046

43

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Miss Matilda Brown

{ Residence, if in Baltimore, Give Street and Number. } Westminster Carroll Co Md.

Duration of Residence in Baltimore. 1 1/2 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: 1848

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Westminster Carroll Co Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Bowers

(Address) Md. General Hospital

Filed 3/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 15 1908 to March 3 1908 that I last saw her alive on March 3 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Breast (DURATION) 1 year

(Signed) W. W. Bowers M.D.

Address Md. Gen. Hosp.

Date March 3, 1908

Place of Burial Westminster Md

Date Mar — 3 24 1908

Undertaker Wm. H. Gaither & Son

Address North & Linden Aves

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person deceased, and the cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward..... C10047 Registered No. B.....

C10047
27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Holmes.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Col.
DATE OF BIRTH: 1	
AGE: 22 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing.	
BIRTHPLACE (State or country): Va	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/3 1908

HENRY C. ANDREWS
PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 28 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 4 1908 to Feb. 28 1908

that I last saw h~~e~~ alive on Feb. 28 1908,

and that death occurred, on the date stated above, at 3P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Feb. 29 1908

JOHNS HOPKINS H.

Place of Burial .....

Date MAR 2 - 1908 190....

Undertaker Geo Thompson

Address 1805 Hope St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

4

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C10048 Registered No. B C10048

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 1627 E Lanvale St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Emily Neely

{ Residence, if in Baltimore, Give Street and Number. } 1627 E Lanvale

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —— 1

AGE 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Dont no

BIRTHPLACE OF FATHER (State or country) Dont no.

MAIDEN NAME OF MOTHER Dont no

BIRTHPLACE OF MOTHER (State or country) Dont no

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw A Green

(Address) 1627 E Lanvale St

Filed 3/3 190 8 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch. 2. 1908

I HEREBY CERTIFY, That I attended deceased from Febry 21. 1908 to Mch. 2. 1908 that I last saw h[er] alive on 2 / 1908, and that death occurred, on the date stated above, at 9 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo A. Hartman M.D.

Address 1121 N Caroline St

Date Mch. 2. 1908

Place of Burial Balto Cem

Date March 4/08. 190

Undertaker Gruber

Address 502 E. Northend

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C10049 Registered No. B C10049

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 905. Russell st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Ozmon.

{Residence, if in Baltimore, Give Street and Number.} Fifteenth 905 Russell

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White.

DATE OF BIRTH Oct. 14. 1839.

AGE 69. years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married.

BIRTHPLACE (State or country) Hartford Co. Md

FULL NAME OF FATHER Henry Ozman.

BIRTHPLACE OF FATHER (State or country) Dorchester Co. Md

MAIDEN NAME OF MOTHER Ann Warburton.

BIRTHPLACE OF MOTHER (State or country) Hartford Co. Md

OCCUPATION OF DECEASED Gdo.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha A. Ozmon.

(Address) 905. Russell. st.

Filed 3/3 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

1898 69 .9

1829 69 .98

1408 69

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1908 to March 2 1908 that I last saw h— alive on March 1st 1908, and that death occurred, on the date stated above, at 1—40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 31 DAYS

Contributory (Primary.) Edema

(DURATION) 10 DAYS

(Signed) Edw Pennington M.D.

Address 517 Lexington

Date March 2nd 1908

Place of Burial Greens. Cemetery Baltimore

Date Thursday. P. Am. 1908

Undertaker Wm. Cook.

Address 602 E. North ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V — 10050 — Registered No. B 10050

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 1933 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Walter Hartinsky

{Residence, if in Baltimore, Give Street and Number.} 1933 Canton Ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1

AGE: 3 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Singl.

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Frank Hartinski.

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Michalina Lyszewski.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Hartinski.

(Address) 1933 Canton Ave

Filed 3/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 2 1908

that I last saw him alive on 1908

and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

4 Weeks (DURATION) DAYS

Contributory (Primary.) Cardiac Exhaustion (DURATION) DAYS

(Signed) W. J. Ryszanek M.D.

Address 2068 Oakland Ave

Date March 2 - 1908

Place of Burial Holy Rosary.

Date MAR 3 - 1908 190

Undertaker M. F. SADOWSKI.

Address 703 S. ANN ST. BALTIMORE; MD.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C10051 Registered No. B C10051

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1409 Orleans St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Fields

{Residence, if in Baltimore, Give Street and Number.} 1409 Orleans St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: July 14, 1903

AGE: 4 years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Gustavus Fields

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mamie Pfister

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Cooper

(Address) 1409 Orleans St.

Filed 3/3 1908

HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 23 1908 to March 2 1908 that I last saw h[illegible] alive on March 1, 1908, and that death occurred, on the date stated above, at 1 & M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 8 DAYS

Contributory (Primary) Exhaustion

(DURATION) 2 DAYS

(Signed) P. E. Lilly M.D.

Address 2007 Edmondson Ave

Date March 3, 1908

Place of Burial St Alphonsus Cemetery

Date March 4 1908

Undertaker Wm. Gimis-Carroll

Address 1227 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C10052 Registered No. B

CERTIFICATE OF DEATH.

C10052
93

(Place of Death.) No. 1101 E. Fort. Ave - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary M. Wood -

{ Residence, if in Baltimore, Give Street and Number. } 1101 E. Fort ave -

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 22. 1904

AGE 3 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER John D Wood.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Minnie M Lowe

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D Wood Father

(Address) 1101 E Fort Ave

Filed 3/3 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March - 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb - 20 1908 to March 1908.

that I last saw h-- alive on March 1908,

and that death occurred, on the date stated above, at 3.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions -

..... (DURATION) ..... DAYS

Contributory (Primary.) Pneumonia.

- (DURATION) 2 DAYS

(Signed) F Edmondson M.D.

Address 578 Hamilton Ave

Date March - 2 1908

Place of Burial Cedar Hill Cem-

Date March 4 08 1908

Undertaker E Hearle

Address 115 E West St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C10053 Registered No. B C10053

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Belt Line R.R. between York Rd & Guilford Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Frederick George

{Residence, if in Baltimore, Give Street and Number.} 2920 Remington Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 20 1828

AGE: 30 years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jno George

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kate Grace

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Ernest George

(Address) 257 Roland Ave

Filed 3/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to ~~1908~~ that I last saw h alive on 1908 and that death occurred, on the date stated above, at 2:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Internal Injuries
Crushed Chest.

Rail Road Accident (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Theodore Lightenstein Coroner M.D.

Address 1918 N. Charles St.

Date March 3 1908

Place of Burial St Marys Homeland

Date March 4 1908

Undertaker Wm E C Sherwell & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE (Over)

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C10054 Registered No. B C10054

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Bell Line R.R. between Guilford & York R.R. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Elmer Tucker.

{Residence, if in Baltimore, Give Street and Number.} 26 - 31" Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 21 1876

AGE: 32 years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Jno. T. Tucker

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: E. Ms. Downey.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia M. Tucker

(Address) Wife.

Filed 3/3 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Fracture Skull

R. R. Accident

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Hamilton Cunningham M.D.

Address 1818 N. Charles St.

Date March 3 1908

Place of Burial Mt Olivet Balto Co

Date March 4 1908

Undertaker Wm E. Chenowith & Son

Address 919 3rd Ave

(over)

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C10055 Registered No. B C10055

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 109 S. Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Johnson

{ Residence, if in Baltimore, Give Street and Number. } 109 S. Stockton

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH Mar 20 1866

AGE 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED unknown

BIRTHPLACE (State or country) unknown

FULL NAME OF FATHER " "

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooks

(Address) 1204 W Baltis St

Filed 3/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March-3 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1907 1908

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Apoplexy Sudden

(DURATION) DAYS

Contributory (Primary.) Asthma

(DURATION) DAYS

(Signed) Frank Jones M.D. Coroner

Address

Date March 3rd 1908

Place of Burial Mt Auburn

Date Mar 5-9 11 1908

Undertaker Robt Brookes

Address 1718 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 — Registered No. B 6093 — 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 4195. Parrish St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Magdalene Banahan

{ Residence, if in Baltimore, Give Street and Number. } 4195. Parrish St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Feb 20th 1903

AGE: 5 years, — months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Francis Patrick Banahan

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Emma Pfleuger

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Banahan

(Address) 4195. Parrish St

Filed 3/3 1908 — POINT O. ANDREWS PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Feb 29th 1908 to Mar 2nd 1908 that I last saw her alive on Mar 2nd 1908, and that death occurred, on the date stated above, at 9:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 1 DAYS

Contributory (Primary) Pneumonia

Zoster (DURATION) 2 DAYS

(Signed) [illegible] M.D.

Address 110 S. Calhoun

Date Mar 3rd 1908

Place of Burial New Catherdal cem

Date Mar 4th 1908

Undertaker Robt. Brookeseon

Address 17 S Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C10057 Registered No. B C10057

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 726 W Pratt St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A. Patterson

{ Residence, if in Baltimore, Give Street and Number. } 726 W Pratt St.

Duration of Residence in Baltimore. ——

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 10 1838

AGE: 71 years, 8 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): ——

FULL NAME OF FATHER: Joseph Carson.

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: Sarah Ogle

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. M. Denny.

(Address) 209 St. Paul.

Filed 3/3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 1 1908

I HEREBY CERTIFY, That I attended deceased from Feb 25 1908 to Mar 1 1908 that I last saw her alive on Feb 29 1908, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Senile Debility

(DURATION) 30 DAYS

Contributory (Primary) Mitral Regurgitation

(DURATION) 6 Months

(Signed) A. Hamy Boyd M.D.

Address 602 Columbia

Date Mch 2 1908

Place of Burial Fairfield Pa.

Date Mch 4 1908

Undertaker Woodcock

Address 502 E Fort ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C10058 Registered No. B C10058

CERTIFICATE OF DEATH.

179.

(Place of Death.) No. 1710 N. Port St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Caroline J. Schuebel

{Residence, if in Baltimore, Give Street and Number.} 1710 N. Port St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 21st 1852

AGE 55 years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Simon Sterfick

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Schuebel

(Address) 1710 N. Port

Filed 3/3 1908 HARRY G. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1908

I HEREBY CERTIFY, That I attended deceased from Feby 28 1908 to Mch 1 1908 that I last saw her alive on Mch 1 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(DURATION) DAYS

(Signed) B. P. Herzog M.D.

Address 1601 N. Patterson Pk Ave

Date Mch 2 1908

Place of Burial Balto Cem

Date 3/4/08 190

Undertaker J. Herwig & Son

Address 208 E. Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C10059 Registered No. B C10059

CERTIFICATE OF DEATH.

64

(Place of Death.) No 2901 Parkwood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah F. Fordwell

{Residence, if in Baltimore, Give Street and Number.} Same

Duration of Residence in Baltimore. Nearly all life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 2 1828

AGE 79 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Levin R Mueller

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles T. Fordwell

(Address) 2901 Parkwood Ave

Filed 3/3 1908 HENRY C. ADAMS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2" 1908

I HEREBY CERTIFY, That I attended deceased from ~~190~~ to ~~190~~

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

Sudden death (DURATION) DAYS

Contributory (Primary) Influenza Old Age

(DURATION) DAYS

(Signed) Lewis Guttmann M.D.

Address 1018 N. Charles St

Date March 3 1908

Place of Burial London Park Cemetery

Date Mar 4 1908

Undertaker Armstrong Demy Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C10060 Registered No. B C10060

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 456 E. Cross St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mildred Matthews

{Residence, if in Baltimore, Give Street and Number.} 456 E. Cross St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 20th 1904

AGE 4 years, 1 months, 12 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George H Matthews

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Rosa Moore

BIRTHPLACE OF MOTHER (State or country) A A County Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H Mathews

(Address) 456 E Cross St

Filed 3/3 1908 HENRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 2 1908

I HEREBY CERTIFY, That I attended deceased from Jany 1908 to Mar 2 1908 that I last saw her alive on Mar 1 1908, and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 weeks DAYS

Contributory (Primary.)

(DURATION) 6 weeks DAYS

(Signed) H. J. Smith M.D.

Address 528 Hanover St

Date March 2 1908

Place of Burial Cedar Hill

Date March 4th 1908

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C10061 Registered No. B C10061

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 105 Bartlett St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mulachi Henry

{ Residence, if in Baltimore, Give Street and Number. } 105 Bartlett st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR C

DATE OF BIRTH ..... 1 .....

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Henry

(Address) 105 Bartlett st

Filed 3/3 1908

[illegible] C. [illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1st 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate) Heart Disease

(DURATION) Sudden DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) R J Marden M.D.

Address Con

Date March 3 1908

Place of Burial Mt Auburn ct

Date March 4th 1908

Undertaker G. L. Brown and Son

Address 218 W. Montgomery st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C10062

City of Baltimore, (No. 2409 E Federal St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis Edward Ford

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Feb 28 (Month) (Day) 1885 (Year)

AGE: 23 years, = months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Ford

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Barbara Kraft

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Short Hand writer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Ford

(Address) 2409 E Federal St

Filed 3/3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch 2 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 31 1906 to Mch 2 1908 that I last saw him alive on Mch 2 1908, and that death occurred, on the date stated above, at 10 1/2 M. The CAUSE OF DEATH was as follows:

Tuberculosis (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Eli Belcher M. D.

Mch 2 1908 (Address) 2250 Eutaw Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Mch 6th 1908

UNDERTAKER: E. F. Walker — ADDRESS: 723 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C10063

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH. C10063

Registered No. B

City of Baltimore, (No. 1119, Patterson Ave, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George W. Wagner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 12 (Month) (Day) 1868 (Year)

AGE: 39 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: William Wagner

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Theresa Wolf

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Wagner

(Address) 1119 Patterson Ave

Filed 3/3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 2d (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 19th 1908 to March 2d 1908 that I last saw h[im] alive on March 2d 1908, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Tabes Peri

(DURATION) 13 DAYS

Contributory Congestion of Lungs

(DURATION) 6 DAYS

(Signed) Geo H Norris M. D.

Mar: 2d 1908 (Address) 703 N Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet | DATE OF BURIAL: Mch 4 1908

UNDERTAKER: A. Staley & Son | ADDRESS: 602 E Lombard St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. C10054

C10051

Ward 11 Registered No. B

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1103 Penna Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nicholas K Brown

{Residence, if in Baltimore, Give Street and Number.} 1103 Penna. Ave.

Duration of Residence in Baltimore. Thirty years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 1

AGE: 5-6 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas. Brown

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Rebecca Knighton ~~Eliza Shepard~~

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Brown

(Address) 1103 Penna. Ave

Filed July 4" 1908

HENRY O. ARMENS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March ~~Feby~~. 3rd 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

died suddenly (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lex. Av. Bmore

Date March 3rd 1908

Place of Burial London Park

Date Thursday 6 P.M. 1908

Undertaker Wm. Cook.

Address 502 E. Monument ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C10065 Registered No. B C10065

134

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Angela Chiuca

{Residence, if in Baltimore, Give Street and Number.} Port Deposit Md.

Duration of Residence in Baltimore. 5 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Musalina Chiuca

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Tony. Chiuco.

(Address) Port Deposit

Filed March 4 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3 1908

2-20-08

I HEREBY CERTIFY, That I attended deceased from 2-20- 1908 to 3-3 1908 that I last saw h alive on 3-3 1908, and that death occurred, on the date stated above, at 3:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 13 DAYS

Con'ributory (Primary) Ruptured Ectopic Pregnancy (Operated) (DURATION) 2 DAYS

(Signed) J. H. Simmons, M.D.

Address St Josephs Hosp.

Date March - 3 - 1908

Place of Burial Port Deposit Cemetery Md.

Date March 4th 1908

Undertaker Wm. E. Chenoweth Baltimore

Address 919 - 3rd Ave. Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C10065 Registered No. B C10066

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 614 S Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Allie Greenblatt

{ Residence, if in Baltimore, Give Street and Number. } 614 S Fulton Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 2nd 1907

AGE ..... years, 1 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Sam Greenblatt

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Lena Cohen

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/4 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Feby 29 1908 to Mar 1 1908.

that I last saw h[illegible] alive on Mar 1 1908.

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Weakness

(DURATION) ..... DAYS

Contributory (Primary.) Malnutrition

(DURATION) ..... DAYS

(Signed) M. Allenberg M.D.

Address 1420 Fayette St

Date Mar 3 1908.

Place of Burial Rosedale Third Road

Date March 4th 1908

Undertaker Mat Levinson

Address 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C10067 Registered No. B C10067

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 713 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Koczmarek

{Residence, if in Baltimore, Give Street and Number.} 713 S Bond St

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 60 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ M.

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Stanislaw Koczmarek

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Kowalski

(Address) 713 S. Bond St

Filed 3/4 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1908 to Mar 2 1908

that I last saw h[illegible] alive on Mar 1 1908,

and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Pleuritis Pulmonis

(DURATION) 1 mo DAYS

Contributory (Primary.) Pneumonia

(DURATION) 2 DAYS

(Signed) G L. Wades M.D.

Address 1432 N Bway

Date 1908

Place of Burial St. Mary's Cem

Date Mar. 5 1908

Undertaker Wendell & Abbott Co

Address 33 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C10068

Registered No. B C10068

76

CERTIFICATE OF DEATH.

(Place of Death.) No. 1718 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augusta Dengler

{ Residence, if in Baltimore, Give Street and Number. } 1718 Canton Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: November 5th 1849

AGE: 58 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Andrew Dengler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dorathea Haag

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Dengler

(Address) 1718 Canton Ave.

Filed 3/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2/08 1908

I HEREBY CERTIFY, That I attended deceased from Nov- 1907 to March 2 1908, that I last saw h- alive on 11 2 1908, and that death occurred, on the date stated above, at 4 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Double Otitis Med. Suppur-

Double Otitis Media - Suppuration

4 mos- (DURATION) DAYS

Contributory (Primary.) (cerebellar) Cerebellar abscess

2 mos- (DURATION) DAYS

(Signed) J. C. Bonner M.D.

Address 125 N Broadway

Date March 3/08 1908

Place of Burial Holy Redeemer Cem

Date March 5th 1908

Undertaker R. Lander Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10069 Registered No. B C10069

CERTIFICATE OF DEATH.

166

(Place of Death.) No. Orleans St near Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilbert Edgar Conoway

{ Residence, if in Baltimore, Give Street and Number. } 1734 Orleans St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH July 3 1899

AGE ..... years, 7 months, 28 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Edwin Conway

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary C. Boone

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. Edwin B. Boone

(Address) 1734 Orleans St.

Filed 3/4 190 8 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 2 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 12 0

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Body accidentally mangled by street car No. 2035

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Carnell M.D.

Address Corner Ned.

Date Mar 3 — 08 190

Place of Burial Mt Carmel

Date March 5th 190 8

Undertaker H. Snyder & Son

Address 1710 Caton Ave

WM. J. C. DULANY CO., BALTIMORE.

Child coming out of school run in front of street car 203

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C10070 Registered No. B C10070

CERTIFICATE OF DEATH.

(Place of Death.) No. 1641 Jackson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob M. F. Jones

{Residence, if in Baltimore, Give Street and Number.} 1641 Jackson St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	Sept 7 1900
AGE	2 years, 5 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Edgar J. Jones
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Laura Fruburger
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. L. Jones

(Address) 1641 Jackson St.

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb 29 1908 to Mar 2 1908 that I last saw h.. alive on Mar 2 1908, and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 14 hrs DAYS

Contributory (Primary.) Broncho Pneumonia (DURATION) 3 DAYS

(Signed) R. E. L. Campbell M.D.

Address 164 Hanover St.

Date Mar 2 1908

Place of Burial Baltimore Cem.

Date March 5th 1908

Undertaker H. Sander Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 13 C10071 Registered No. B C10071

CERTIFICATE OF DEATH. 138

(Place of Death.) No. 1313 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucy Ross

{Residence, if in Baltimore, Give Street and Number.} 1313 N. Calhoun st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Pye

(Address) 506 Rogers Ave

Filed 3/4 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 — 1908

I HEREBY CERTIFY, That I attended deceased from Feb 13 1908 to March 2 1908

that I last saw her alive on March 2 1908

and that death occurred, on the date stated above, at 8/30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Puer. Convulsions

..... (DURATION) 8 DAYS

Contributory (Primary.) Toxaemia

due to Pregnant state (DURATION) ..... DAYS

(Signed) W. F. Harris M.D.

Address 1344 Druid Hill Ave

Date March 4 — 1908

Place of Burial Mt Auburn Cemetery

Date March 4 1908

Undertaker R. S. Leach Mort

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 C10072 Registered No. B C10072

CERTIFICATE OF DEATH. 47

(Place of Death.) No. 1725 Townsend Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robt V. Linton

{Residence, if in Baltimore, Give Street and Number.} 1725 Townsend Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Man | COLOR White

DATE OF BIRTH July 30 1901

AGE 6 years, — months, ... days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Edw M Linton

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Bertha M Cundy.

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw M Linton

(Address) 1725 Townsend Pl

Filed 3/4 1907 Registrar HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1905 to March 2 1908 that I last saw him alive on March 1 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Ac. Articular Rheumatism

Chr. Valvular Heart Disease

Abt (DURATION) 2 Yrs 4 Mos.

Con'ributory (Primary.) Ac Cardiac Dilatation

(DURATION) ..... DAYS

(Signed) H. C. Knapp, M.D.

Address 1714 E Preston St

Date March 2 1908

Place of Burial Mt Lebanon

Date March 4 1908

Undertaker Robt Turner

Address 1742 N. Bway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C10073 Registered No. B C10073

CERTIFICATE OF DEATH.

(Place of Death.) No. 3461 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas. R. Younger

{Residence, if in Baltimore, Give Street and Number.} 3461 Cedar Ave

Duration of Residence in Baltimore. Since Annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 7 1843

AGE 65 years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto Co

FULL NAME OF FATHER Henry Younger

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Susan Robinson

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Effie Younger

(Address) 3461 Cedar Ave

Filed 3/4 1908 MARY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb 17 1908 to March 2nd 1908 that I last saw h im alive on March 2 1908, and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 14 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) D W Smith M.D.

Address 906 - 3rd ave

Date March 3 1908

Place of Burial [redacted] Dover.

Date Mar 4 1908

Undertaker J J Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C10074 Registered No. B C10074

CERTIFICATE OF DEATH.

(Place of Death.) No. 613 N. Patterson Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Matula

{ Residence, if in Baltimore, Give Street and Number. } 613 N Patterson Park Ave

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 2 years, months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Mikej Matula

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Marie Krbesek

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mikej Matula

(Address) 613 Patterson Ave

Filed 3/4 1908.

HENRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 3 1908

I HEREBY CERTIFY, That I attended deceased from Mar 1st 1908 to March 3rd 1908

that I last saw h alive on March 3rd 1908,

and that death occurred, on the date stated above, at 7:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth 7th month

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred Stoner M.D.

Address 1501 E Eager St

Date March 3rd 1908

Place of Burial Holy Redeemer

Date Mar 4 1908

Undertaker Thos. Gracie

Address 1904 E Pratt

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C10075 — Registered No. B C10075

CERTIFICATE OF DEATH. 93

Place of Death.) No. 2205 Ashland Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Wachal

{ Residence, if in Baltimore, Give Street and Number. } 2205 Ashland Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER John Panda

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Katerina Ozwal

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Vachal

(Address) 2205 Ashland Ave

Filed 3/4 1908

HARRY O. ANDREWS
PERMIT CLERK

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 2 1908

I HEREBY CERTIFY, That I attended deceased from Jan 19 1908 to Mar 2 1908 that I last saw h-- alive on Feb 29 1908, and that death occurred, on the date stated above, at 6.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Interstitial Pneumonia

(DURATION) 40 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) Geo F. Taylor M.D.

Address 1254 N. Broadway

Date March 3 1908

Place of Burial Holy Redeemer

Date Mar. 5 1908

Undertaker Franck Brach

Address 214 Ashland Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C10076 Registered No. B C10076

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CERTIFICATE OF DEATH.

(Place of Death.) No. 836 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Newbury

{Residence, if in Baltimore, Give Street and Number.} 836 W Lombard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 1 1908

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Walter Newbury

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Reynolds

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Newbury

(Address) 836 W. Lombard.

Filed 3/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3 1908

I HEREBY CERTIFY, That I attended deceased from Mar 1 1908 to Mar 3 1908

that I last saw h— alive on Mar 2 1908,

and that death occurred, on the date stated above, at ..... a. m. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis Neonatorum

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) M. B Burch M.D.

Address 828 N Carrollton Ave

Date March 3 1908

Place of Burial Cedar Hill Cemetery

Date March 4 1908

Undertaker F A Krause Bro

Address 708 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5 C10077

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

C10077

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1401, Union Alley, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Augustus Pullett.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: ..... years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Pullett

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Holbrook

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Pullett

(Address) 1401 Union alley

Filed 3/6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 3 (Month) 2 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 1-2 1908 to 3-2 1908

that I last saw her alive on 3.1 1908,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Acute Hydrocephalus,

3 mos, (DURATION) DAYS

Contributory Cranial Disease, Cardiac Asthenia (DURATION) DAYS

(Signed) L. C. Katzoff M. D.

3. 2. 1908 (Address) 116 Aisquith St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Auburn | DATE OF BURIAL: March 4 1908

UNDERTAKER: W. F. Elliott | ADDRESS: 502 Myers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C10078 *Registered No. B* C10078

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Conway -

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: March 17 1834	
AGE: 69 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed	
BIRTHPLACE (State or country): Ireland	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 3/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 3. 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 2 1908 to Mar 3 1908 that I last saw h[e] alive on Mar 3 1908, and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Dropsy

..... (DURATION) ..... DAYS

Contributory (Primary.) Nephritis

..... (DURATION) ..... DAYS

(Signed) Robt. T. Bay M.D.

Address Bay View

Date Mar. 3. 1908

Place of Burial Holy Cross

Date March 6 1908

Undertaker J. J. Kirkwood

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

C10079 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10079

City of Baltimore, (No. 443 E Grindall St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Robert Richardson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 2nd (Month) (Day) 1898 (Year)

AGE: 9 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John R. Richardson

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary Ward

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Richardson

(Address) 443 E Grindall St East

Filed 3/4 1908

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 2 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 2 1908 to 1908

that I last saw him alive on March 2 1908,

and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Mitral Stenosis —

(DURATION) DAYS

Contributory Chorea —

(DURATION) DAYS

(Signed) H. E. Bull M. D.

March 2 1908 (Address) 3 N. Hill

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters Cem

DATE OF BURIAL: March 5 1908

UNDERTAKER: Daniel and M. D. Flynn

ADDRESS: 42 E Wells

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C10080

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C10080

Registered No. B.....

City of Baltimore, (No. 1822, E Madison St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles S. Stout

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec (Month) 3 (Day) 1864 (Year)

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bath. Md.

FULL NAME OF FATHER: Andrew J. Stout

BIRTHPLACE OF FATHER (State or country): Bath, Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Fish Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anne R Stout

(Address) 1822 E. Madison St

Filed 3/4 1909 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1 1908 to Mar 3 1908 that I last saw him alive on Mar 1 1908, and that death occurred, on the date stated above, at 2-55 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis Bronchitis

(DURATION) 31 DAYS

Contributory Exhaustion

(DURATION) 3 DAYS

(Signed) Geo F Taylor M. D.

Mar 3 1908 (Address) 125 W. Biddle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Cem.

DATE OF BURIAL: Mar 6" 1908

UNDERTAKER: Geo. W. Fink

ADDRESS: 811 N. Wolfe

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 C10081 Registered No. B C10081

159

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 Font Hill ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Orrin Noble McCloskey

{Residence, if in Baltimore, Give Street and Number.} 21 Font Hill ave

Duration of Residence in Baltimore. 7 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wh

DATE OF BIRTH Apr 14 1870

AGE 37 years, 10 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Nathan C. McCloskey

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Augusta Orris

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maud E. McCloskey

(Address) 21 Font Hill Ave

Filed 3/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1st 1908

I HEREBY CERTIFY, That I attended deceased from As Above 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 5

11. CAUSE OF DEATH (Secondary or Immediate)

Shot Himself in Head with Pistol Deliberately Suffering with Acute Alcoholism (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Bruce Jones M.D.

Address Coroners Office

Date March 2nd 1908

Place of Burial Mt Olivet

Date March 5 1908

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10082

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

104

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C10082

Registered No. B

City of Baltimore, (No. 2519 Woodbrook Av. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Coleman D. VanHorn

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. (Month) 30th (Day) 1846 (Year)

AGE 61 years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Harford Co. Md.

FULL NAME OF FATHER David C. VanHorn

BIRTHPLACE OF FATHER (State or country) Penna.

MAIDEN NAME OF MOTHER Sarah Keen

BIRTHPLACE OF MOTHER (State or country) New Jersey

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary L. VanHorn

(Address) 2519 Woodbrook Av.

Filed 3/4 190 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2nd 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 26 1908 to Mch 2nd 1908 that I last saw him alive on Mch. 1st 1908, and that death occurred, on the date stated above, at 4.30 P.M. The CAUSE OF DEATH was as follows:

Acute indigestion

Last few days of bad feeling for some Months (DURATION) few hours DAYS

Contributory Weak Heart

(DURATION) few DAYS

(Signed) E. L. Smith M.D.

Mch 2 1908 (Address) 1605 N. Monroe Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL March 6 1908

UNDERTAKER Jos B Cook | ADDRESS Jos B Cook 637 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

42

CERTIFICATE OF DEATH.

Registered No. B 010033

City of Baltimore, (No. 214, S. Stricker St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albertina Margarette Lehnert.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH March (Month) 13 (Day) 1839 (Year)

AGE 68 years, 11 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Towson, Md.

FULL NAME OF FATHER Charles August Knapp

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Albertina Margarette Ehrhart

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Chas E Lehnert

(Address) 214 S Stricker St

Filed 3/4 1908

HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH, March (Month), 2d (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 30 1907 to Mch 2 1908 that I last saw h[er] alive on Mch 2 1908, and that death occurred, on the date stated above, at 10 15 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of uterus.

Not known (DURATION) — DAYS

Contributory — (DURATION) — DAYS

(Signed) H. H. Arthur M. D.

Mch 2 1908 (Address) 1516 W Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Baltimore Cem. | DATE OF BURIAL March 5 1908

UNDERTAKER Jos H Cook | ADDRESS 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 16 C10084 Registered No. B C10084

CERTIFICATE OF DEATH. 61

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Estelle Lawson

{ Residence, if in Baltimore, Give Street and Number. } 1321 West Lanvale Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 6th 1907

AGE: ..... years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Wm Howard Lawson

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Jane Roberta Fountain

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Howard Lawson

(Address) 1321 W. Lanvale St

Filed 3/4 1908 ..... Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Feby 19th 1908 to March 2nd 1908 that I last saw her alive on March 2nd 1908 and that death occurred, on the date stated above, at 3.25 P.M. CAUSE OF DEATH (Secondary or Immediate)

Meningetis

Supervened by difficult Dentition

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. T. Bell M.D.

Address 1321 W Lanvale St

Date March 8rd 1908

Place of Burial London Park Cem

Date March 4th 1908

Undertaker Robt Brooks & Son

Address Calhoun & Hollins Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. B C10085

C10085

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1518 Stoffield ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Bolton

{Residence, if in Baltimore, Give Street and Number.} 1518 Stoffield ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: July 20 1854

AGE: 53 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Riley

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Brougham

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bolton

(Address) 1518 Stoffield Ave

Filed 3/4 1908 HENRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Mar 2 1908 to Mar 3 1908 that I last saw her alive on Mar 3 1908, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) Nil DAYS

Con ributory (Primary) Exhaustion

(DURATION) One DAYS

(Signed) A W Macdonald M.D.

Address 1548 N Broadway

Date Mar 3 1908

Place of Burial St. Patricks

Date Mar 6th 1908

Undertaker Robt J Turner

Address 1422 E. Pratt,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

Registered No. B C10086

C10086

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1808 Gought St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lorenz A. F. Wolff

{ Residence, if in Baltimore, Give Street and Number. } 1808 Gought st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH January 30th 1907

AGE 1 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER J. G. L. Wolff.

BIRTHPLACE OF FATHER (State or country) Butts City

MAIDEN NAME OF MOTHER M. H. Voght

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. G. L. Wolff.

(Address) 1808 Gought St

Filed 3/4 1908 HARRY C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2nd 1908

I HEREBY CERTIFY, That I attended deceased from July 15, 1908 to March 2, 1908

that I last saw h[illegible] alive on March 2, 1908

and that death occurred, on the date stated above, at 2.05 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 16 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [signature] M.D.

Address 1808 Gought St

Date March 2, 1908

Place of Burial Emmanuel Cemetery

Date March 4 '08 1908

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C10087

Ward 9 C10087 *Registered No. B* 27

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 8 N. Port *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Roman Stastny

{ Residence, if in Baltimore, Give Street and Number. } 8 N. Port st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: September 15 1883

AGE: 24 years, 5 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): 4

MAIDEN NAME OF MOTHER: 4

BIRTHPLACE OF MOTHER (State or country): 4

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Stastny

(Address) 8 N. Port St

Filed 3/4 1908

HENRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3rd 1908

I HEREBY CERTIFY, That I attended deceased from January 12 1908 to March 3rd 1908.

that I last saw him alive on March 2nd 1908

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Pulmonary tuberculosis

(DURATION) 6 months. DAYS

(Signed) Charles E. A. Meyer M.D.

Address 1031 N. Carrollton ave

Date March 3rd 1908

Place of Burial Holy Redeemer Cemetery

Date MAR 6 1908 1908

Undertaker Christian Miller,

Address 2334 Jefferson Street

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C10088 Registered No. B C10088

CERTIFICATE OF DEATH.

62

(Place of Death.) No. 2109 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name J. George Schnoerr

{Residence, if in Baltimore, Give Street and Number.} 2109 Orleans st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH November 9th 1861

AGE 46 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER John Schnoerr

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Bremer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Brass Finisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Lena Schnoerr

(Address 2329 E. Monument St

Filed 3/4 1908 HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1st 1908

I HEREBY CERTIFY, That I attended deceased from Apr 15 1907 to Mar 1 1908

that I last saw him alive on Mar 1 1908

and that death occurred, on the date stated above, at 5.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Locomotor ataxia

(DURATION) 11 Mos 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Grosham M.D.

Address 1303 Eutaw St

Date Mar 2 1908

Place of Burial Baltimore Cemetery

Date March 4th 1908

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C10089 Registered No. B C10089

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1723 Guilford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nicholas J Watkins

{ Residence, if in Baltimore, Give Street and Number. } 1723 Guilford ave

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: 1841

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): A A County Md

FULL NAME OF FATHER: James Watkins

BIRTHPLACE OF FATHER (State or country): Annapolis Md

MAIDEN NAME OF MOTHER: Martha Ann Lightfoot

BIRTHPLACE OF MOTHER (State or country): A A Co Md

OCCUPATION OF DECEASED: News paper editor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H E B Whitehurst

(Address) 16 W Pratt

Filed 3/4 1908 HARRY C. ARNOLD PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3 1908

I HEREBY CERTIFY, That I attended deceased from Feb 21 1906 to March 3 1908 that I last saw h alive on March 3 1906, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H E B Whitehurst M.D.

Address 16 W Pratt

Date March 4 1908

Place of Burial Laurel, Md.

Date March 5 1908

Undertaker Henry W Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — Registered No. B C_00:50 — C_00:50 — 123

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Perry

{Residence, if in Baltimore, Give Street and Number.} 420 Pine St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Col.

DATE OF BIRTH: 1

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holly...

(Address) BAY VIEW ASYLUM.

Filed 3/4 1908 HARRY C. ANI... PERMIT CLERK., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 3 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 24 1908 to Mar. 3 1908

that I last saw h[illegible]ve on Mar. 2 1908,

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Senility

Cystitis (DURATION) DAYS

(Signed) R. H. T. Bay M.D.

Address Bay View

Date March 3. 1908

Place of Burial Mount Auburn

Date March 5 1908

Undertaker John H Owens & Son

Address 1122 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 C10091 Registered No. B C10091

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2016 E. Chase st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bennett James

{Residence, if in Baltimore, Give Street and Number.} 2016 E. Chase st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: October 19 1842

AGE: 65 years, 4 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Andrew Jones

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Eliz. Davidson

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Jones

(Address) 2016 E. Chase st

Filed 3/4 1908 [redacted] CITY C. [illegible] CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Feb 24 1908 to Mar 2 1908

that I last saw him alive on Mar 2 1908,

and that death occurred, on the date stated above, at 5 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleuro-Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Uremia (DURATION) X DAYS

(Signed) [signature] M.D.

Address 1501 N Bond st

Date Mar 2 1908

Place of Burial Baltimore Cemetery

Date March 5th 1908

Undertaker Henry Lutz

Address 1507 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C10092 Registered No. B C10092

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 1124 N. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Agnes Carr

{ Residence, if in Baltimore, Give Street and Number. } 1010 St Paul St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nat Knnn 1866

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Charles Carr

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Hanlon

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew V. Carr, brother

(Address) 1715 N. Patterson Park ave

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3 1905

I HEREBY CERTIFY, That I attended deceased from Corrected 190 to Carr 190

that I last saw h — alive on — 190—,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

died Suddenly in Dr William Green's Office (DURATION) — DAYS

Contributory (Primary.)

Rheumatism (DURATION) — DAYS

(Signed) Benj. S. Hayden, Coroner M.D.

Address 1216 N. Caroline St.

Date Mar. 4, 1905

Place of Burial New Cathedral

Date Mar. 6th 1905

Undertaker E. J Fanning

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

C10093

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C10093

Registered No. B 94

City of Baltimore, (No. 1916 Elm, St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Knauff

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May (Month) 8 (Day) 1906 (Year)

AGE: ..... years, 22 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): 1916 Elm St

FULL NAME OF FATHER: Francis Knauff

BIRTHPLACE OF FATHER (State or country): Balto. Co.

MAIDEN NAME OF MOTHER: Bridget Banaghan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Knauff

(Address) 1916 Elm St

Filed 3/4 1908 HENRY O. [illegible]

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 14 1908 to Mch 3 1908

that I last saw h[illegible] alive on March 3 1908,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Suppurative pleurisy

(DURATION) 18 DAYS

Contributory Septic poisoning

anaemia (DURATION) 7 DAYS

(Signed) T. W Keown M. D.

Mch 3 1908 (Address) 1938 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? [illegible] Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters	Mar 5th 1908
UNDERTAKER	ADDRESS
A F Philbin	1711 Mad ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C10694

18

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

C10694

Registered No. B .....

City of Baltimore, (No. 963 Milton Place St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Walter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) 16 (Day) 1816 (Year)

AGE: 91 years, 11 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Christopher Prase

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Boyer

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm R Walter

(Address) 963 Milton Place

Filed 3/4 1908 HENRY O. [illegible] Registrar

PERMIT C[illegible]

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 28 1908 to March 3 1908 that I last saw h[illegible] alive on March 3 1908, and that death occurred, on the date stated above, at 11 M. The CAUSE OF DEATH was as follows:

Paralysis.

(DURATION) 6 DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) Robert C Stevens M. D.

March 4 1908 (Address) 1001 Wlanuba St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem.	March 6 1908
UNDERTAKER	**ADDRESS**
Robert L Little	23 E Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13

HEALTH DEPARTMENT, City of Baltimore.

C10095

C10095

Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1516 Retreat St

St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Victoria Ridley.

{ Residence, if in Baltimore, Give Street and Number. } 15-16 Retreat St

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 4 1856

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Dorchester Co

FULL NAME OF FATHER: Spencer McCotter

BIRTHPLACE OF FATHER (State or country): Dorchester Co Md

MAIDEN NAME OF MOTHER: Elizabeth Calender

BIRTHPLACE OF MOTHER (State or country): Dorchester Co Md

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A N Bell

(Address) 15½ Retreat St

Filed 3/4 1908 HARRY O'T ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 2, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15th 1907 to March 2nd 1908.

that I last saw h.r alive on Mar 1st 1908,

and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia.

(DURATION)

Contributory (Primary.) Phthisis Pul-

monalis (DURATION) 1 yr. DAYS

(Signed) Jno F Mettrad M.D.

Address 1305 Linden Ave.

Date March 3rd 1908.

Place of Burial Madison Md

Date Mar 6 1908

Undertaker Walter W Shriver

Address 116 Runnells ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 246 Aisquith St; ....., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Solomon Michelson Schiller

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy | COLOR White

DATE OF BIRTH May 22nd 1903
(Month) (Day) (Year)

AGE 4 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Asheville N C

FULL NAME OF FATHER Louis Schiller

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Lena Michelson

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Schiller

(Address) 246 Aisquith st

Filed March 5 1908

HENRY G. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 25 1908 to March 4 1908

that I last saw h— alive on March 4 1908,

and that death occurred, on the date stated above, at 12— M. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) 10 DAYS

Contributory Sepsis

(DURATION) DAYS

(Signed) Frank L Brune M. D.

March 4 1908 (Address) 125 E Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Henry Zion Cemetery	March 5 1908
UNDERTAKER	ADDRESS
Max Levinson	1620 McElderry

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C10097 Registered No. B C10097 167

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 Johns Hopkins Hospital. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Vendouern

{ Residence, if in Baltimore, Give Street and Number. } 315 S Wolfe St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 1

AGE 59 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr H. Vendouern

(Address) 315 S. Wolf St

Filed 3/5 1908 HENRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 3 — 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 2.30

M. CAUSE OF DEATH (Secondary or Immediate.)

Burns of body

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carullen M.D.

Address Parsons Md

Date Mar 3 — 08 190

Place of Burial St Matthew Cem

Date March 5th 1908

Undertaker W. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., Baltimore.

(over)

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C10098 Registered No. B C10098

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 1037 W Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Sewall Jr

{Residence, if in Baltimore, Give Street and Number.} 1037 Lanvale St.

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 10th 1825

AGE 82 years, 11 months, 23 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Thomas Sewell

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth Hall

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Real Estate Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jessie L. Sewell

(Address) 1037 W. Lanvale St.

Filed 3/5 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3d 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to March 3 1908 that I last saw h~~im~~ alive on March 3 1908, and that death occurred, on the date stated above, at 3 M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis,

(DURATION) 7 DAYS

Contributory (Primary.) Paralysis (DURATION) 7 DAYS

(Signed) Robert K. Knees M.D

Address 1001 W Lanvale St

Date March 3 1908

Place of Burial London Park Cy

Date March 5th 1908

Undertaker Stewart Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C10099 — Registered No. B C10099

CERTIFICATE OF DEATH.

(Place of Death.) No. 1318 Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Bowers

{Residence, if in Baltimore, Give Street and Number.} 1318 Vincent St.

Duration of Residence in Baltimore. About 13 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Colored

DATE OF BIRTH —

AGE About 49 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Hartford Co. Md

FULL NAME OF FATHER Wm. Benj. Johnson

BIRTHPLACE OF FATHER (State or country) Hartford Co Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. R. LeKites M.D.

(Address) Maryland Homeopathic Hosp.

Filed 1/5 190 8 [illegible], Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 3 1908 to Mar. 3 1908 that I last saw h-r alive on Mar. 3 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

Non Known (DURATION) DAYS

Contributory (Primary.) Tuberculosis

Pulmonary (DURATION) — DAYS

(Signed) L. R. LeKites M.D.

4th year Student

Address Maryland Homeopathic Hospital

Date Mar 3. 1908

Place of Burial Mt Auburn

Date Mar 6 1908

Undertaker W. J. Johnson

Address 611 E Baker St

WM. J. C. DULANY CO. Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10100

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH. C10100

Registered No. B.....

City of Baltimore, (No. 1821, Fulton Avenue St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mildred Colts

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: ~~April~~ 28 (Month) (Day) 1906 (Year)

AGE: 1 years, 11 months, 2 (about) days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: mother doesn't know exact age of child

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Louis Colts

BIRTHPLACE OF FATHER (State or country): maryland

MAIDEN NAME OF MOTHER: Mary Jones ~~Colts~~

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Coats

(Address) 1821 Fulton Ave.

Filed 3/5 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 2 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 27 1908 to March 1908

that I last saw h-er alive, on March 1 1908,

and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) C. Stonesifer M. D.

3/2 1908 (Address) 1605 Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: Mar 5 1908

UNDERTAKER: Wm J. Johnson

ADDRESS: 684 Baker

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C10101

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C10101

Registered No. B.....

City of Baltimore, (No. 1428 Argyle Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret A. Muth.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Oct 25th (Month) (Day) 1864 (Year)

AGE: 43 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Francis X Muth

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Theresa Wittemaier

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis X Muth

(Address) 1428 Argyle Ave

Filed 3/5 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 3. (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 18. 1907 to Mch. 3. 1908 that I last saw her alive on Mch. 3. 1908, and that death occurred, on the date stated above, at 10-30 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of the pelvic organs and ascites.

(DURATION) 8 Mos ?

Contributory Exhaustion.

(DURATION) DAYS

(Signed) Alfred Manelatto, M. D.

Mch. 4 1908 (Address) 921 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Cathedral | DATE OF BURIAL: March 6 1908

UNDERTAKER: Mahoney & Sons | ADDRESS: 606 Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C10102 Registered No. B C10102

CERTIFICATE OF DEATH. 105

(Place of Death.) No. St. Vincents Infant Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florence Fisconi

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asy.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH December 1907

AGE ..... years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 3/5 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to 1908

that I last saw h[illegible] alive on March 1 1908,

and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate)

6 hrs - Colitis

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jas. S. Fiske M.D.

Address 96. Biddle St

Date March 2nd 1908

Place of Burial New Cathedral

Date March 3 1908

Undertaker Martin Gahey and Son

Address 616 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single), of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C10103

Registered No. B C10103

105

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Goldie Siginer.

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH November 6 1907

AGE ..... years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 3/5 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 2 1908

that I last saw her alive on March 1 1908,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis - Colitis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fisher M.D.

Address 9-6. Biddle St.

Date March 2nd 1908

Place of Burial New Cathedral

Date March 4 08 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — Registered No. B C10104

C10104

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Hall.

{Residence, if in Baltimore, Give Street and Number.} St. Vincent's Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH January 6 1901

AGE 0 years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) St. Vincents Inf. Asy.

(Address)

Filed 3/5 190 8 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to 1908

that I last saw h[illegible] alive on March 1 1908,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. Finlay M.D.

Address 9-6. Biddle St.

Date March 2nd 1908

Place of Burial New Cathedral

Date March 3 1908

Undertaker Martin Fahy and Son.

Address 616 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C10105 Registered No. B C10105

CERTIFICATE OF DEATH.

(Place of Death.) No. 409 Constland St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Stevens

{Residence, if in Baltimore, Give Street and Number.} 409 Constland st

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/5 1908 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3d 1908

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Mar 3 1908

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthma

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 1216 E. Caroline st

Date March 4 1908

Place of Burial Holy Cross

Date March 5th 1908

Undertaker A. Fahey & Sons

Address 606 E. Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10106 Registered No. B C10106

CERTIFICATE OF DEATH.

66

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Hibbitts

{Residence, if in Baltimore, Give Street and Number.} 1324 Schroeder st

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W.

DATE OF BIRTH: 1840

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Hibbitts

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Bridget Larkin

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 3/8 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw him alive on March 3 1908,

and that death occurred, on the date stated above, at 6.10 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis of long standing resulting from Cerebral apoplexy

unknown (DURATION) DAY

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M. D.

Address 1133 Valley st

Date March 4 1908

Place of Burial New Cathedral

Date March 7 1908

Undertaker M Cadogan

Address 696 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C10107 Registered No. B C10107

CERTIFICATE OF DEATH. 61

(Place of Death.) No. 300 Fillmore St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alma V Burnett

{Residence, if in Baltimore, Give Street and Number.} 300 Fillmore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 18 1907

AGE: — years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Burnett

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Alma Fowler

BIRTHPLACE OF MOTHER (State or country): Baltimore Co

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Burnett

(Address) 300 Fillmore St

Filed 3/5 1908 HARRY O'T ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3 1908

I HEREBY CERTIFY, That I attended deceased from Fe 29 1908 to March 3 1908 that I last saw h alive on March 3 1908, and that death occurred, on the date stated above, at 8 a.m. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Thomas Kelso M.D.

Address 1200 N Eutaw St

Date March 6 1908

Place of Burial Flint Cemetery Parkville Balto Co

Date Thursday. 5. 1908

Undertaker Wm. Cook.

Address 502 E. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C10108 Registered No. B C10108

CERTIFICATE OF DEATH.

(Place of Death.) No. 1255 Sargeant St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H. Sommers

{Residence, if in Baltimore, Give Street and Number.} 1255 Sargeant St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 21 1881

AGE 26 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Benjamin Sommers

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Johanna Kreger

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johanna Sommers

(Address) 1255 Sargeant

Filed 9/5 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch. 3rd 1908.

I HEREBY CERTIFY, That I attended deceased from Mch. 2nd 1908 to 190

that I last saw h alive on Mch. 2nd 1908,

and that death occurred, on the date stated above, at

A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) Tuberculosis

(DURATION) DAYS

(Signed) T. Cullen Lyon M.D.

Address 923 Columbia Ave.

Date Mch. 3rd 1908.

Place of Burial Western

Date Mch 5 1908

Undertaker Wm Cook

Address 502 E Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

Ward 15 C10109 Registered No. B

CERTIFICATE OF DEATH.

C10109
50

(Place of Death.) No. 1641 N. Carey St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George H. Marcks.

{Residence, if in Baltimore, Give Street and Number.} 1641 Carey st. North.

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Geo. Marcks.

BIRTHPLACE OF FATHER (State or country): Virginia.

MAIDEN NAME OF MOTHER: Elizabeth Young.

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Cigar mfr

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Marcks.

(Address) 1641 N. Carey St

Filed 3/5 1908 MARRY OF ADDRESS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3/3 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2 1908 to 3/3 1908

that I last saw him alive on 3/2 1908

and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Diabetes Mellitus

Gangrene of foot.

2 (DURATION) DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) L. E. Connadi M.D.

Address 609 W. Franklin St.

Date 3/4 1908

Place of Burial Loudon Park

Date March 6 1908

Undertaker Woolcroft

Address 102 E. North ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C10110 — Registered No. B C10110

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 612 Raborg Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William H Burke

{Residence, if in Baltimore, Give Street and Number.} 612 Raborg St

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington DC

FULL NAME OF FATHER: Richard Burke

BIRTHPLACE OF FATHER (State or country): DC

MAIDEN NAME OF MOTHER: Rebecca Gosken

BIRTHPLACE OF MOTHER (State or country): DC

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Burke

(Address) 612 Raborg st

Filed 3/5 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3, 1908

I HEREBY CERTIFY, That I attended deceased from Nov 10 1907 to March 3 1908

that I last saw h— alive on Mch 3 1908.

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage of Lungs.

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuber-

Culosis (DURATION) 4 Mos.

(Signed) Wm H Wright M.D.

Address 1332 N. Carey St

Date March 4 1908.

Place of Burial Laurel Cemetery

Date March 5 1908

Undertaker W T Elliott

Address 506 Hayes Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10111

23

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

CERTIFICATE OF DEATH.

Registered No. B 10111

City of Baltimore, (No. 116 Seldner Place St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Pauline Haywood

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH June (Month) 27 (Day) 1907 (Year)

AGE ..... years, 8 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Dashields

BIRTHPLACE OF FATHER (State or country) Baltimore.

MAIDEN NAME OF MOTHER Effie Haywood

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Effie Haywood

(Address) 116 Seldner Place

Filed 3/5 1908 HARRY C. ANDREWS DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 3rd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 26th 1908 to March 3rd 1908

that I last saw h[illegible] alive on Feb 28 1908,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 30 DAYS

Contributory Bronchitis

(DURATION) 10 DAYS

(Signed) Jennie N. Brown M. D.

Mar. 3rd 1908 (Address) 1223 S. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt. Auburn Cemetery | DATE OF BURIAL March 5 1908

UNDERTAKER John H. Toadvine | ADDRESS 142 W Hill St

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C10112 *Registered No. B* C10112

93

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 604 Patterson ave, *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Hild~~ Howard Gilbert

{ Residence, if in Baltimore, Give Street and Number. } 604 Patterson ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Dec. 6th 1907	
AGE: — years, 1 months, 28 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER: Hilda Gilbert	
BIRTHPLACE OF MOTHER (State or country): Va	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hildered Gilbert

(Address) 604 Patterson av.

Filed 3/5 1908 MARY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 4th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wilson Balderson M.D.

Address 700 Log. av. Canton

Date Mar. 4th 1908

Place of Burial Mt Auburn Cemetery

Date March 5th 1908

Undertaker J. A. Bullock

Address 1107 W Pratt Street

WM. J. C. DULANY CO., BALTIMORE.

C10113

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C10113

Registered No. B .....

City of Baltimore, (No. 2728 Pokewood Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bradford R Merrick

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Mar 10 1864
(Month) (Day) (Year)

AGE 43 years, 11 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER R C Merrick

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Matilda Rae

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Lobsterman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bro & Fellmeth

(Address) N. E. Cor. Lafayette & Carrollton Ave

Filed 3/5 1908. HENRY C. [illegible] PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 3 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 28 1908 to Mar 3 1908

that I last saw him alive on Mar 3 1908,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Pneumonia Lobar

14 Hrs (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Bro & Fellmeth M. D.

MAR 4 - 1908 1908 (Address) N. E. Cor. Lafayette & Carrollton Aves

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death V Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Druid Ridge Cem DATE OF BURIAL Mar 5 1908

UNDERTAKER Bertram B Gore ADDRESS 1723 20 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C10114 Registered No. B C10114

36

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Mitchell

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Baltimore.

MAIDEN NAME OF MOTHER: ,

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday Street

(Address) BAY VIEW ASYLUM.

Filed 3/5 1908

HENRY O. ADLER, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 3 1908

I HEREBY CERTIFY, That I attended deceased from Jany 31 1908 to Mch 3 1908

that I last saw him alive on Mch 3 1908

and that death occurred, on the date stated above, at 1.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Brain

(DURATION) 4 DAYS

Contributory (Primary.) Syphilitic

dementia (DURATION) ..... DAYS

(Signed) J. H. Phillips M.D.

Address Bayview asylum

Date March 3rd, 1908

Place of Burial JOHNS HOPKINS HOSPITAL

MAR 4 - 1908

Date ..... 190 ....

Undertaker Chas Thompson

Address 1811 Bank St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

4 9

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward..... C10115 *Registered No. B*.....

CERTIFICATE OF DEATH.

C10115

(Place of Death.) *No.* Bay View Asylum *St.* 93 (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sadie Sommerville

{ Residence, if in Baltimore, Give Street and Number. }.....

Duration of Residence in Baltimore......

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 33. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... (under Hollyday) Supt

(Address)

Filed 3/5 190 8 BAY VIEW ASYLUM. MARY C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March. 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 29 1908 to March 2 1908 that I last saw h-- alive on Mar. 2 1908, and that death occurred, on the date stated above, at 7 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Strangulation

..... (DURATION) ..... DAYS

Contributory (Primary.) Pneumonia

..... (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date March. 3 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 4 - 1908 190

Undertaker Geo. Thompson

Address 1805 Hope St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

49

HEALTH DEPARTMENT, City of Baltimore.

C10116

Ward 17 Registered No. B C10116

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1122 Brighton St. (If Death occurred in Hospital or Institution, give) its Name instead of Street and Number.)

Full Name Mary Field Johnson

{ Residence, if in Baltimore, Give Street and Number. } 1122 Brighton St.

Duration of Residence in Baltimore. 1 yr 6 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Col.

DATE OF BIRTH Feb 26 1890

AGE 18 years, months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (State or country) ?

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victoria Husen

(Address) 1122 Brighton St

Dated 3/5 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4 1908

I HEREBY CERTIFY, That I attended deceased from Feb 28 1908 to March 4 1908 that I last saw her alive on Mch 4 1908, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage due to Pneumonia (Lobar)

(DURATION) 6 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) E. B. Hughes M.D.

Address 705 George St

Date March 5 1908

Place of Burial Prospect Station Annapolis Md

Date March 7th 1908

Undertaker Felix B Pye

Address 1026 Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C10117 — Registered No. B C10117

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1800 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Stuefcek

{Residence, if in Baltimore, Give Street and Number.} 1800 E. Biddle St.

Duration of Residence in Baltimore. 1 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May. 3 1908

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: (—)

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frank Stuefcek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Annie Vacek

BIRTHPLACE OF MOTHER (State or country): St Paul

OCCUPATION OF DECEASED: (—)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Stuefcek

(Address) 1800 E Biddle St

Filed 3/5 1908

PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4 1908

I HEREBY CERTIFY, That I attended deceased from March 3rd 1908 to March 4th 1908

that I last saw him alive on March 3rd 1908,

and that death occurred, on the date stated above, at ..... A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

1 (DURATION) DAYS

Contributory (Primary.) .....

..... (DURATION) DAYS

(Signed) Herbert A. Meyer M.D.

Address 1031 N. Caroline str.

Date March 4th 1908.

Place of Burial St Alphonsus

Date May 6 1908

Undertaker Frank Vacek

Address 1404 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C10118 Registered No. B C10118

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1808. Linden Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Eva Schlitzberger

{Residence, if in Baltimore, Give Street and Number.} 1808 Linden Ave.

Duration of Residence in Baltimore. 28 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH 1880

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Charles W. Schlitzberger

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Maggie E. Schlitzberger

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie E. Schlitzberger.

(Address) 1808 Linden Ave.

Filed 3/5 1908 HENRY C. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch. 4 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1907 to Mch 4 1908, that I last saw h.. alive on Mch 3 1908, and that death occurred, on the date stated above, at .....m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

6

6 months (DURATION) 5 DAYS

Contributory (Primary.)

Asthma (DURATION) ..... DAYS

(Signed) Frank G Morgan M.D.

Address 1500 Eutaw Place

Date Mch 4 1908

Place of Burial Loudon Park Cemetery

Date March 6th. 1908 190...

Undertaker William M. Gaithrop.

Address North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C10119 — Registered No. B C10119

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Hold of Str Queen Wilhelmina Pier 8 Locust Point St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anton Picki

{ Residence, if in Baltimore, Give Street and Number. } 802 S Bond St

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Dont know

AGE 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Poland.

FULL NAME OF FATHER Adam Picki

BIRTHPLACE OF FATHER (State or country) Poland.

MAIDEN NAME OF MOTHER Anna —

BIRTHPLACE OF MOTHER (State or country) Poland.

OCCUPATION OF DECEASED Stevador

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wendell Lippel Undertaker

(Address) S Bond St.

Filed 3/5 1908

HARRY C. ANI[illegible], Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190— to ——— 190—

that I last saw h— alive on ——— 190—,

and that death occurred, on the date stated above, at 7.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Crushed Skull

Heavy weight falling on his head

Accidental Death (DURATION) — DAYS

Contributory (Primary.) ——— (DURATION) — DAYS

(Signed) Otto M Leinhardt M.D.

Address Coroner

Date March 5 1908

Place of Burial St Marys Cem

Date March 7 1908

Undertaker Wendell Lippel & Son

Address 330 S. Bond. St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B C10120

C10120

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 2807 Elliott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma C. Carey

{Residence, if in Baltimore, Give Street and Number.} 2807 Elliott St

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 8 1845

AGE: 62 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Henry Young

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Mary Hamm

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Taylor

(Address) 2807 Elliott st

Filed 3/5 1908 HARRY C. [illegible] Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAR 3 1908 190

I HEREBY CERTIFY, That I attended deceased from Jan. 13 1908 to March 3 1908

that I last saw her alive on Feb. 28 1908,

and that death occurred, on the date stated above, at 11 03 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis (DURATION) 3 Mos DAYS

Contributory (Primary.) as Senilis (DURATION) 2 wks DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caton Ave

Date MAR 4 1908 1908

Place of Burial Western Cemetery

Date MAR 6 1908 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 12 C10121 Registered No. B

C10121

CERTIFICATE OF DEATH.

(Place of Death.) No. 135 Welcome Al- St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Scarbora

{Residence, if in Baltimore, Give Street and Number.} 135 Welcome Al- Lefu -

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal- | COLOR Colored.

DATE OF BIRTH Not Known 1

AGE 64 (?) years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow -

BIRTHPLACE (State or country) Balto. Md (?)

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Dont Know -

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Dont Know -

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ward.

(Address) 109 Welcome Al.

Filed 3/5 1908 MARY C. INDREW Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 190

I HEREBY CERTIFY, That I attended deceased from Mar. 1 1908 to Mar. 4 1908 that I last saw h- alive on Mch 4 1908 and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia -

(DURATION) 5 DAYS

Contributory (Primary)

Exhaustion (DURATION) 2 DAYS

(Signed) Frank C Fugua M.D.

Address 1006 S. Sharp St

Date Mch 5 1908

Place of Burial Mount Auburn Cemetery

Date March 7 1908

Undertaker J. McGrath Son

Address 1400 Hillyer Pl

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C10122 — Registered No. B C10122

CERTIFICATE OF DEATH.

(Place of Death.) No. 1035 Hanford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John J Connolly

{Residence, if in Baltimore, Give Street and Number.} 1035 Hanford ave

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 27 1825

AGE: 82 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Connolly

(Address) 1035 Hanford ave

Filed March 5 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3 1908

I HEREBY CERTIFY, That I attended deceased from March 1st 1908 to March 3rd 1908

that I last saw him alive on March 2nd 1908

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary, or Immediate.)

Chronic Nephritis

(DURATION) 3 DAYS

Con'ributory (Primary) Uraemia

(DURATION) 1 DAYs

(Signed) W. M. C. Parker M.D.

Address 115 Augusta St

Date March 4th 1908

Place of Burial Cathedral Cemetery

Date March 6th 1908

Undertaker Chas F. Evans

Address 118 N. Mt. Royal ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C10123 Registered No. B C10123

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 2124 St. Paul St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James B. Hebron

{Residence, if in Baltimore, Give Street and Number.} 2124 Paul St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	Sept 4th 1908
AGE	..... years, 6 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Child
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Benjamin Hebron
BIRTHPLACE OF FATHER (State or country)	Prince Georges Co Md
MAIDEN NAME OF MOTHER	Mary Agnes White
BIRTHPLACE OF MOTHER (State or country)	St Marys Co Md
OCCUPATION OF DECEASED	Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Agnes Hebron

(Address) 2124 Paul St

Filed March 6th 1908 HENRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4th 1908

I HEREBY CERTIFY, That I attended deceased from March 3rd 1908 to March 4th 1908 that I last saw him alive on March 3rd 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enantion

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Wm Cook Willis M.D.

Address 710 Hanover St.

Date March 5th 1908

Place of Burial St Peters Cem

Date March 6th 1908

Undertaker Alex Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C10124

Ward 15 C10121 Registered No. B

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 1545 Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James M. Jackson

{Residence, if in Baltimore, Give Street and Number.} 1545 Bruce St

Duration of Residence in Baltimore. 27 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: colored

DATE OF BIRTH: ——— 1

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. James M. Jackson

(Address) 1545 Bruce St.

Filed March 6" 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4 1908

I HEREBY CERTIFY, That I attended deceased from March 3 1908 to March 4 1908

that I last saw h— alive on March 4 1908

and that death occurred, on the date stated above, at 10 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia.

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date Mch. 4, 1908

Place of Burial Mt. Auburn

Date March 6" 1908

Undertaker Alex. Hensley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10125

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

47

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C10125

Registered No. B

City of Baltimore, (No. 1403, Druid Hill Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josephine Matthews

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ——— 1 ———
(Month) (Day) Year)

AGE: 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Robert Lewis

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Patey Lewis

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie M. Howard

(Address) 1463 Druid Hill Ave

Filed March 6" 1908

HARRY C. ANDR[illegible]
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 3rd 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 31 1908 to Mar 3rd 1908

that I last saw her alive on Mar 3rd 1908

and that death occurred, on the date stated above, at 11.50 P. M. The CAUSE OF DEATH was as follows:

Endocarditis

(DURATION) 33 DAYS

Contributory Acute Articular Rheumatism (DURATION) 40 DAYS

(Signed) D Grantforth M. D.

Mar 5th 1908 (Address) 1534 N Bidle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Mar. 7 1908

UNDERTAKER: Alex. Hemsley

ADDRESS: 578 W. Biddle

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C10126

Ward K

C10126

Registered No. B

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Catherine Blake.

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Jan. 19 1908

AGE ..... years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed March 6 1908

HENRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 10 1908 to Mar. 4 1908 that I last saw h alive on Mar. 4 1908, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date Mar. 5 1908

Place of Burial Cathedral Cemetery

Date March 6th 1908

Undertaker Felix B Rye.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C10127

C10127

Ward 4

Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Loretta Paul

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Jan. 3, 1908

AGE: ....years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or couutry): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home Formerly

Filed March 6 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: ~~Jan. 3,~~ Mch 5th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 31 1908 to Mar. 4 1908

that I last saw h.. alive on Mar. 4 1908,

and that death occurred, on the date stated above, at 5.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 38 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A.C. Gillis M.D.

Address 1519 N. Caroline St.

Date Mch. 5, 1908

Place of Burial Cathedral Cemetery

Date March 6th. 1908

Undertaker Felix V. Pye.

Address 102 E. Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward..... Registered No. BC10128

C10128

CERTIFICATE OF DEATH. 154

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary A Schmueder

{ Residence, if in Baltimore, Give Street and Number. }.....

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1830

AGE: 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant).....

(Address) BAY VIEW ASYLUM

Filed 3/6 1908. ROBT. C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4th 190

I HEREBY CERTIFY, That I attended deceased from May 29 1904 to March 4 1908 that I last saw h alive on March 4 1908 and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

.....(DURATION)..... DA

Contributory (Primary.) Senility

.....(DURATION)..... DA

(Signed) Robt P. Bay M.

Address Bay View

Date March 4- 190

Place of Burial Holy Redeemer

Date March 6 190

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C10129 Registered No. B C10129

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 525 Biddle alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Annie Mahoney

{Residence, if in Baltimore, Give Street and Number.} 525 Biddle alley

Duration of Residence in Baltimore. From birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Unknown 1866

AGE 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John McSorley

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Annie McSandy

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard McSorley

(Address) 525 Biddle St

Filed 3/8 1908 MARY C. ANDREWS Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Meningitis

(DURATION) 2 DAYS

Contributory (Primary.) Chronic

Stomach Trouble (DURATION) 7 yrs. ~~DAYS~~

(Signed) Wm Baldwin M.D.

Address 709 Log. Ave (Corner)

Date ..... 190 .....

Place of Burial Mount Olivet Cathedral

Date March 7th 1908

Undertaker M Fahey & Sons

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C10130 OFFICE OF REGISTRAR OF VITAL STATISTICS. C10130 50

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 4 W. Hill St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rose Siskind

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 16 (Month) 16 (Day) 1889 (Year)

AGE: 18 years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Russia.

FULL NAME OF FATHER: Wolf Siskind

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Bailey Jacobson

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Stein

(Address) 4 W Hill St

Filed 3/6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 5 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 5 1908 to March 5 1908 that I last saw h.e alive on March 5 1908, and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

Diabetic Coma

(DURATION) 12 hours

Contributory Diabetes

(DURATION) ? DAYS

(Signed) Herman Bulle M. D.

March 5 1908 (Address) 13 W. Hill

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hebrew Rising Rm Cem

DATE OF BURIAL: March 6 1908

UNDERTAKER: Max Lenman

ADDRESS: 1620 McElderry

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C10131 Registered No. B 90 C10131

CERTIFICATE OF DEATH.

(Place of Death.) No. 312 Eutaw Court St. (If Death occ... Hospital or Insti... give its Name ... of Street and N...

Full Name Josephine Mason

{ Residence, if in Baltimore, Give Street and Number. } 312 Eutaw Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: Nov 9th 1907

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ✓

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John O. Mason

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Martha V Robinson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha V Mason

(Address) 312 Eutaw Court.

Filed 3/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 4th 1908

I HEREBY CERTIFY, That I attended deceased ... Mch 3rd 1908 to Mch 4th 1908 ... that I last saw h... alive on Mch 3rd 1908 ... and that death occurred, on the date stated above, at 1:45 a. m. CAUSE OF DEATH (Secondary or Imm...

Catarrhal Bronchitis
Convulsions ? Asthenia

(DURATION) 3 hrs

Contributory (Primary.) ✓

(DURATION) ...

(Signed) John McCarthy

Address 676 W Franklin St

Date March 4th 08

Place of Burial Laurel ...

Date Mch 6-08

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10132 Registered No. B

CERTIFICATE OF DEATH. C10132 gv

(Place of Death.) No. #104 Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Peck

{Residence, if in Baltimore, Give Street and Number.} 104 Durham St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR C

DATE OF BIRTH Aug. 1st 1907

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER James Campbor

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Birdie Peck

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Peck

(Address) 104 N. Durham

Filed 3/6 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4th 1908

I HEREBY CERTIFY, That I attended deceased from 3/3/08 1908 to 3/4/08 1908 that I last saw h[illegible] alive on 3/4/08 1908 and that death occurred, on the date stated above, at 11.50 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-Pneumonia

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) A. L. Levy M.D.

Address 733 Gough St

Date 3/5/08 1908

Place of Burial Asbury Cem

Date March 6 1908

Undertaker R. A. Elliott

Address 506 Rogers ave

North Eastern Dispensary

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 23

Registered No. B C10133

C10133

CERTIFICATE OF DEATH.

150~

(Place of Death.) No. 46 E. Barney St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James E. Roberts

{Residence, if in Baltimore, Give Street and Number.} 46 E. Barney St.

Duration of Residence in Baltimore. Life - Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 27 1908

AGE ——years, ——months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James E. Roberts

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Florence Stevens

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E Roberts

(Address) 46 E Barney St

Filed 3/6 1908

HARRY C. [illegible]
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 5 1908

I HEREBY CERTIFY, That I attended deceased from Feb 29 1908 to Mar 5 1908 that I last saw h[illegible] alive on Mar 5 1908, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 6 DAYS

Contributory (Primary) Congenital Debility

(DURATION) 7 DAYS

(Signed) R E Campbell M.D.

Address 1644 Hanover St

Date Mar 6 1908

Place of Burial Cedar Hill

Date March 6 1908

Undertaker Jos. Stuntebeck

Address 318 Light St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C10134 Registered No. B C10134

CERTIFICATE OF DEATH.

155

(Place of Death.) No. Lot South of Cromwell between Charles & Marshall ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Jeffries

{Residence, if in Baltimore, Give Street and Number.} 1832 Byrd St

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Don't know
AGE	45 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	Chas. Jeffries.
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mollie Schlaak.
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Stock clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1832 Byrd St.

Filed 3/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Found March 3rd 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Suicide by Carbolic Acid Poisoning

(DURATION) DAYS

Con ributory (Primary.)

(DURATION) DAYS

(Signed) H. Nusbaumkant M.D.

Coroner

Address

Date March 3 1908

Place of Burial Cedar Hill

Date March 6th 1908

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

8

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1711 E. Preston St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Rhein

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 26 1832 (Month) (Day) (Year)
AGE	76 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	John Rhein
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Catherine
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Carriage Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Rhein

(Address) 25 W. Preston St.

Filed

..... 190 ..... Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 1906 to 3-5- 1908, that I last saw him alive on 2-29- 1908, and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH was as follows:

Thrombosis ap, had Paralysis, Va
relapse Dec 1906, = heart feeble.
Atypnamico

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Mrs. Rhein M. D.

3-6- 1908 (Address) 25 W. Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Mar. 7 1908
UNDERTAKER	ADDRESS
J. J. Daly	1232 Hillen

J. J. Daly

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 21. C10136 Registered No. B C10136

CERTIFICATE OF DEATH.

(Place of Death.) No. 917 Chesapeake St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elenora E. Dorl

{Residence, if in Baltimore, Give Street and Number.} 917 Chesapeake St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 1 1906

AGE 1 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant.

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Wladyslaw Lerl

BIRTHPLACE OF FATHER (State or country) Galicia Austria

MAIDEN NAME OF MOTHER Anie Szczubicka

BIRTHPLACE OF MOTHER (State or country) Galicia Austria

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wladyslaw Lorl

(Address) 917 Chesapeake St

Filed 3/6 1908

MARY C. HIKINS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1908

I HEREBY CERTIFY, That I attended deceased from Feb 18 1908 to March 5 1908

that I last saw h[illegible] alive on March 4 1908.

and that death occurred, on the date stated above, at 1 20 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Meningitis (DURATION) 16 DAYS

Contributory (Primary) Stomatitis (DURATION) [illegible] DAYS

(Signed) W. E. McAvoy M.D.

Address 839 S. Canton Av.

Date March 5 1908

Place of Burial Holy Rosary

Date March 6th 1908

Undertaker Jacob Siatkowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 18 C10137 Registered No. B C10137

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 939 Harmony Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillie Rhuebottom

{Residence, if in Baltimore, Give Street and Number.} 939 Harmony Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH 1

AGE 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Thos Mitchell

BIRTHPLACE OF FATHER (State or country) B.

MAIDEN NAME OF MOTHER Caroline Hardy

BIRTHPLACE OF MOTHER (State or country) B

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Rhuebottom

(Address) 939 Harmony Lane

Filed 3/6 1908 [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner. 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Consumption.

(DURATION) — DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) [signature] M.D.

Cor.

Address

Date March 6 1908

Place of Burial Mt Auburn

Date March 6 1908

Undertaker R A Ebbutt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C10138 — Registered No. B C10138

CERTIFICATE OF DEATH.

(Place of Death.) No. 1509 Linden Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elbridge Frederick Krise
KRISE

{Residence, if in Baltimore, Give Street and Number.} 1509 Linden Ave

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: April 7th 1837

AGE: 70 years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Emmitsburg Md.

FULL NAME OF FATHER: Solomon Krise

BIRTHPLACE OF FATHER (State or country): Frederick County, Md

MAIDEN NAME OF MOTHER: Biggs

BIRTHPLACE OF MOTHER (State or country): Frederick County, Md

OCCUPATION OF DECEASED: Coal Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David L. Morrison

(Address) 1509 Linden ave

Filed

March 10 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 3 1908

I HEREBY CERTIFY, That I attended deceased from Febry 27 1908 to Mch 3 1908

that I last saw h in alive on Mch 2 1908,

and that death occurred, on the date stated above, at 8.30 am

M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) 6 DAYS

Contributory (Primary.) Arteriosclerosis

Several years (DURATION) DAYS

(Signed) A C Polk M.D.

Address 2038 Madison Ave

Date Mch 4 1908

Place of Burial Druid Ridge Cem

Date March 5th 1908

Undertaker H. Wentz Sons

Address 300 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C10139 Registered No. B C10139

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1212 Lorraine Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William David

{ Residence, if in Baltimore, Give Street and Number. } 1212 Lorraine ave

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Dont Know 1

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Staunton Va

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Burch

(Address) 1107 Druid Hill Ave

Filed 3/6 1908 Registrar

DEPUTY CLERK PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4 1908

I HEREBY CERTIFY, That I attended deceased from Feb-1- 1908 to March 4 1908 that I last saw h was alive on March 4 1908, and that death occurred, on the date stated above, at 8:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia & Dropsy

Contributed

(DURATION) 5 weeks DAYS

Contributory (Primary) Heart

(DURATION) 5 weeks DAYS

(Signed) Dr. H. M. Bernard M.D.

Address 708 Cross Ave

Date March - 5 - 1908

Place of Burial Mt. Auburn Cem

Date June 6 1908

Undertaker J. A. Burch

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 1st — C10140 — Registered No. B C10140

CERTIFICATE OF DEATH.

(Place of Death.) No. 1002 Harris alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Myrtle Marie Brant

{Residence, if in Baltimore, Give Street and Number.} 1002 Harris Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Aug 8 1907

AGE — years, 6 months, 26 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER August Brant

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Elizabeth Smith

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Brant (Mother)

(Address) 1002 Harris Ally

Filed 3/6 1908

HARRY G. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 5 1908

that I last saw h[illegible] alive on March 5 1908

and that death occurred, on the date stated above, at 9.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(Collapsed)

(DURATION) DAYS

Con'ributory (Primary.) Capillary Bronchitis (DURATION) 17 DAYS

(Signed) H. M. Wright M.D.

Address Canton Hillen Sts

Date March 6 1908

Place of Burial Greenlic Cem

Date March 7 1908

Undertaker HENRY SANDERS & SONS, S. E. Cor. Broadway & Baltimore Sts. and 1708-1710 Canton Avenue

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C10141 Registered No. B C10141

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 3130 O'Donnell St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name John H. E. Jaunusch

{ Residence, if in Baltimore, Give Street and Number. } 3130 O'Donnell

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 30th 1876

AGE: 31 years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Jaunusch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie K. Jaunusch

(Address) 3130 O'Donnell St.

Filed 3/6 1908

[illegible] O. [illegible]
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4. 1908

I HEREBY CERTIFY, That I attended deceased from Feby 9 1907 to Mch 4 1908 that I last saw h[illegible] alive on Mch 4 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 25 DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) one year

(Signed) D. W. Jones M.D

Address 3116 O'Donnell St

Date Balt'mo March 6 1908

Place of Burial Mt. Carmel Cem

Date March 6 1908

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto Sts. and 1703-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C10142 — Registered No. BC10142

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Estell Black.

{Residence, if in Baltimore, Give Street and Number.} Nursery & Childs

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 29 1907

AGE: ....years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto-

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M.R. Stone

(Address) Nursery & Childs

Filed 3/6 190 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 30 1907 to March 4 1908

that I last saw h— alive on March 3rd 1908,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Lobar (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno R Ruhrah M.D.

Address 839 N Eutaw St

Date March 4- 1908

Place of Burial COLLEGE OF P. & S

Date MAR 5 - 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) ***of the person deceased, and the cause and date of death.***

49

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C10143 Registered No. B C10143

CERTIFICATE OF DEATH.

42

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Snyder

{Residence, if in Baltimore, Give Street and Number.} 1668 W. Lexington St.

Duration of Residence in Baltimore. 11 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: 38 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: Cigar Makers	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/6 190 5

HENRY C. ROBERTS, Registrar

PERMIT GIVEN.

5

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1908

I HEREBY CERTIFY, That I attended deceased from Feby 14 1908 to March 1 1908

that I last saw h alive on March 1 1908

and that death occurred, on the date stated above, at 11 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Abscess

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Uterus

(DURATION) DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date March 5 1908

Place of Burial JOHNS HOPKINS HOSPITAL

MAR 5 - 1908

Date 190

Commissioner Health,

Undertaker Per: Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward C10144 Registered No. B C 0144

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Thomas

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Col.
DATE OF BIRTH: 1	
AGE: 43 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid-	
BIRTHPLACE (State or country): Va	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM

(Address)

Filed 3/6 1908 HENRY O. DUKEY Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 4 - 1908

I HEREBY CERTIFY, That I attended deceased from Jan - 16 1908 to Mar 4 1908

that I last saw h~~e~~ alive on Mar 4 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma Uremic

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Ruth Bay M.D.

Address Bay View

Date March 5th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 5 - 1908 190

Undertaker Geo. Thompson

Address 1805 Hope St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C10145 Registered No. B C10145

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Owen Middekupf.

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asylum

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH 1908

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 3/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4 1908

I HEREBY CERTIFY, That I attended deceased from March 1st 1908 to March 3rd 1908

that I last saw h alive on " 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.S. Fisher M.D.

Address 9.E. Biddle St

Date March 4th 1908

Place of Burial New Cathedral

Date March 6 08 1908

Undertaker Martin Feeley Mfg Co

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C10146 Registered No. B C10146 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name David Craven

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR W
DATE OF BIRTH March Dec 27 1907	
AGE ..... years, 2 months, 6 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country) Balto.	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy

(Address)

Filed 3/6 1908

HENRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4th 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 3rd 1908

that I last saw h alive on " 1908

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) 2d DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J.S. Finlen M.D.

Address 96. Biddle St

Date March 4th 1908

Place of Burial New Cathedral

Date March 6 1908

Undertaker Martin Gahan Asso

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

C10147

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C10147

Registered No. B.....

City of Baltimore, (No. 1016, Hollins St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John D. Bartel, (Bartel)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct (Month) 8 (Day) 1851 (Year)

AGE: 56 years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Boston Mass

FULL NAME OF FATHER: Petrick Bartel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Goetz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Locksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maggie Macauley

(Address) 12 B S Ashland Ave

Filed 3/6 1908

HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 4th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 19th 1907 to Mar 4th 1908 that I last saw him alive on March 3d 1908, and that death occurred, on the date stated above, at 2.05 a. m. The CAUSE OF DEATH was as follows:

Chronic Bright's Disease

(DURATION) 106 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Charles Getz, M. D.

Mar 4 1908 (Address) 1111 W. Lanvale St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cem — DATE OF BURIAL: March 6 1908

UNDERTAKER: Jos B Cook — ADDRESS: 100 3 H Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C10148 Registered No. B C10148

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Lyon Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos. F. Kraft.

{Residence, if in Baltimore, Give Street and Number.} 31 S. Schroeder St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wh

DATE OF BIRTH Dec 13 1863

AGE 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thomas F. Kraft Sr

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Elizabeth Croft

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura V Kraft

(Address) 210 N Schroeder

Filed 3/6 1908 Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH March 6th 1908.

I HEREBY CERTIFY, That I attended deceased from Feb. 24th 1908 to March 6th 1908, that I last saw h im alive on March 6th 1908, and that death occurred, on the date stated above, at 11.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pleurisy.

..... (DURATION) ..... DAYS

Con ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Edward Grumpler M.D.

Address 5-17 Scott St.

Date 190

Place of Burial London Park

Date March 8 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C10149

Ward 7 C10149 Registered No. B 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 824 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph A. Bauman

{Residence, if in Baltimore, Give Street and Number.} 824 N. Bond St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 28th 1902

AGE: 6 years, — months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Joseph Bauman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Justina Gaa

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Bauman

(Address) 824 N. Bond

Filed 3/6 1908 HENRY O. [illegible] PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5th 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 14th 1908 to Mch. 5th 1908 that I last saw him alive on Mch. 5th 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Scarlet fever

3 weeks (DURATION) — DAYS

Contributory (Primary.) Pneumonia

(DURATION) 3 DAYS

(Signed) F. A. Gauss M.D.

Address 1400 Jefferson St

Date Mch 5th 1908

Place of Burial Holy Redeemer Cem

Date March 6th 1908

Undertaker Henry Hoede & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of B...

C10150 C10150

Ward 10 Registered No. B

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1024 E. Chase St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William A. Hellman

{Residence, if in Baltimore, Give Street and Number.} 1024 E. Chase St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 1 60 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Joseph Hellman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie M. Kortner

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lawrence Stern

(Address) No. 1809 E. Madison St.

Filed 3/6 1908 ...REAU OF ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 4 1908

I HEREBY CERTIFY, That I attended deceased from ...190... to ...190...

that I last saw h... alive on ...190...,

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Sudden

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. H. Carnell M.D.

Address ...

Date ...190...

Place of Burial New Cathedral Cemetery

Date March 7 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of

Ward 24

C10151 Registered No. B C10151

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 1703 Williams St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hannora Clancy

{Residence, if in Baltimore, Give Street and Number.} 1703 Williams St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 23rd December

AGE 71 years, 3 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ Yes

BIRTHPLACE (State or country)

FULL NAME OF FATHER Denis Dunn

BIRTHPLACE OF FATHER (State or country) Co. Galway Ire

MAIDEN NAME OF MOTHER Mary Dunbar

BIRTHPLACE OF MOTHER (State or country) Co Galway Ire

OCCUPATION OF DECEASED House Hold D

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas E Shannon

(Address) 211 E Hea[illegible] St

Filed 3/6 1908. HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 5 1908

I HEREBY CERTIFY, That I attended deceased from Jan 14 1908 to Mar 5 1908

that I last saw her alive on Mar 4 1908

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy & Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) La Grippe.

(DURATION) DAYS

(Signed) C. P. Straus M.D.

Address 1606 Light St

Date Mar 5 1908

Place of Burial New Cathedral

Date March 7 1908

Undertaker C. P. Sidwell

Address 2113 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Balti...

Ward 14 C10152 Registered No. B C10152

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Edward Cavanaugh

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH January 5 1908

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John J

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Clara L Stail

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 4 1908

that I last saw h... alive on " " 190...

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) 40 DAYS

Con'tributory (Primary) .....

(DURATION) ..... DAYS

(Signed) J. S. Fuller M.D.

Address 9 E. Biddle St.

Date March 6 1908

Place of Burial Loudon Park.

Date March 7 1908

Undertaker E. M. Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10153

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH. C10153

Registered No. B.....

City of Baltimore, (No. 910 N. Fremont St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah E. McCleary

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec (Month) 28 (Day) 1828 (Year)

AGE: 79 years, 2 months, 6 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Anne Arundel Co. Md

FULL NAME OF FATHER: William Gould

BIRTHPLACE OF FATHER (State or country): A. A. Co. Md

MAIDEN NAME OF MOTHER: Mary Godwin

BIRTHPLACE OF MOTHER (State or country): A. A. Co. Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lina B Hepburn

(Address) 910 N Fremont Ave

Filed .....190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 3 (Month) 5 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to March 5 1908

that I last saw h[illegible] alive on March 5 1908,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Oedema

(DURATION) 12 ~~Days~~ hours

Contributory Grippe & Senile Heart (DURATION) 60 DAYS

(Signed) Standish McCleary M. D.

3/6 1908 (Address) 1609 Linden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Little Pond Kent Co Md — DATE OF BURIAL: Mar 7 1908

UNDERTAKER: Geo W Little — ADDRESS: 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 & Southern

C10154 Registered No. B C10154

CERTIFICATE OF DEATH.

(Place of Death.) No. 424 N. Front street. 6

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Salvadore Muffoletto

{Residence, if in Baltimore, Give Street and Number.} 424 N Front stree

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Salvadore Muffoletto

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Concetta Culotta

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: S

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Amicio

(Address) 424 N. Front St

Filed 3/6 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6 March 1908

I HEREBY CERTIFY, That I attended deceased from 20 February 1908 to 6 March 1908

that I last saw h alive on 6 March 1908

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Measles

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Baranco M.D.

Address 424 N. Greene

Date 190

Place of Burial St Vincent Cemetery

Date March 7th 1908

Undertaker Leitz & Pye.

Address 102 E. Mulberry st

F. B. P. E. His funeral home is to 8 am Saturday Mar 7th 1908 from the house

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

C10155 C10155

Ward 1 Registered No. B

CERTIFICATE OF DEATH.

9v

(Place of Death.) No. 3032 Boston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Zapkowski

{Residence, if in Baltimore, Give Street and Number.} 3032 Boston st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 13 1907

AGE — years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John Zapkowski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Antonina Skrova

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Zapkowski

(Address) 3032 Boston St

Filed March 6" 1908 HARRY G. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5th 1908

I HEREBY CERTIFY, That I attended deceased from Feby 29th 1908 to March 5th 1908 that I last saw h[illegible] alive on March 4th 1908, and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary.) Pneumonia Broncho

(DURATION) 6 DAYS

(Signed) C. V. Atkey M.D.

Address 2 Hudson st ✓

Date March 5th 1908

Place of Burial Holy Rosary

Date March 7 1908

Undertaker Joseph Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPART

Ward 14 C10156 Registered No. B

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 843 W Lexington St St. (If Death occurred i Hospital or Institutio give Its Name Inste of Street and Number

Full Name Angelina Pritchard

{ Residence, if in Baltimore, Give Street and Number. } 843 W Lexington St

Duration of Residence in Baltimore. ———

PERSONAL AND STATISTICAL PARTICULARS	
SEX F	COLOR W
DATE OF BIRTH 1	
AGE 85 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Prichard

(Address) 843 W - Lexington St

Filed March 6" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1-5th 190

I HEREBY CERTIFY, That I attended deceased fro an enous 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate

Old age

(DURATION) DA

Con'tributory (Primary.)

(DURATION) DA

(Signed) R T Martin M.D

Address

Date March 6 1908

Place of Burial Mt Carmel Cem

Date Mar 7th 190

Undertaker Geo J Smith & Co

Address 1000 W Fayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 11 C10157 Registered No. B 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1115 Guilford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James B. Lynch

{Residence, if in Baltimore, Give Street and Number.} 1115 Guilford Ave

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 72 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Lynch

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary O'Brien

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Genl Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Lynch

(Address) 1115 Guilford Ave

Filed 3/6" 1908 HENRY C. ADKINS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 15 1907 to Mch. 5 1908

that I last saw h[illegible] alive on Mch 5 1908,

and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate

Cardiac asthenia

(DURATION) One DAY

Contributory (Primary) Adams Stokes

Syn drome (DURATION) 2 1/2 Mos DAYS

(Signed) H. G. Beck M.D.

Address 214 E Preston St

Date March 6, 1908

Place of Burial Cathedral

Date March 8, 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of [illegible]

Ward 10 C10158 Registered No. B C10158

CERTIFICATE OF DEATH.

(Place of Death.) No. 1013 Valley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Dolan

{Residence, if in Baltimore, Give Street and Number.} 1013 Valley St

Duration of Residence in Baltimore. 42

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 1st 1841

AGE: 66 years, 10 months, 4 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Dolan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Cecilia O Connell

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Paver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie E. Dolan

(Address) 1013 Valley St

Filed 3/6" 1908 HARRY C. ARLAND Registrar PERMIT CLERK.

Dr Fenton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1908

I HEREBY CERTIFY, That I attended deceased from January 13 1908 to March 5 1908 that I last saw h— alive on March 5 1908 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) James M Fenton M.D.

Address 7 W E Chase St

Date March 6 1908

Place of Burial Cathedral

Date March 7. 1908

Undertaker H. C. Wiedefeld

Address 917 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C10159 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Mc Kay

{Residence, if in Baltimore, Give Street and Number.} 1010 Clifton Place

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Canada.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Nurse.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Eyler.

(Address) 1010 Clifton Place.

Filed 3/6" 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1908

I HEREBY CERTIFY, That I attended deceased from March 3 1908 to March 5 1908 that I last saw h.. alive on March 5 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date March 6. 1908

Place of Burial London Park Cemetery

Date March 7th 1908

Undertaker Burkhart & John H. Teufel

Address 801 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C10160

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

8

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C10160

Registered No. B.....

City of Baltimore, (No. 334 Bruce St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thelma Murray

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH Feb (Month) 17 (Day) 1907 (Year)

AGE 1 years, — months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) 334 N Bruce St

FULL NAME OF FATHER Benj. Murray

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Workins

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj. Murray

(Address) 334 N Bruce St

Filed 3/6 1908 HENRY G. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 4th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 4th 1908 to March 4th 1908 that I last saw her alive on March 4th 1908, and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 2 DAYS

Contributory Whooping Cough and Pneumonia (DURATION) ? DAYS

(Signed) Ebert L. Hartman M.D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn	March 7, 1908
UNDERTAKER	ADDRESS
John D Toadvine	142 W Hill St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

HEALTH DEPARTMENT, City of Baltimore.

C10161

Ward 24

Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1200 Battery Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Norman

{Residence, if in Baltimore, Give Street and Number.} 1200 Battery Ave.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH July 10 1864

AGE 46 years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Joseph Norman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Teresa Potgieser

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. G. Norman Brother

(Address) Battery & West St

Filed 3/7 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 11 1908 to March 5 1908 that I last saw h[illegible] alive on March 3 1908 and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Pulmonalis.

Chronic Endocarditis.

(DURATION) 2 DAYS

Contributory (Primary) Bronchopneumonia

(DURATION) 2 DAYS

(Signed) E. Harle M.D.

Address 1419 E Eager St

Date March 5th 1908

Place of Burial Cathedral Cem

Date March 7 1908

Undertaker E Harle

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

Ward 14 C10162 Registered No. B C10162

CERTIFICATE OF DEATH.

78

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Blanche Jacobs

{ Residence, if in Baltimore, Give Street and Number. } 645 W Lombard St

Duration of Residence in Baltimore. Seven years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH May 20" 1901

AGE 6 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Lew Jacobs

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Frances Casper

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Casper

(Address) 645 W Lombard St

Filed 3/7 1908 HARRY C. WILLIAMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5th 1908

I HEREBY CERTIFY, That I attended deceased from March 4th 1908 to March 5th 1908 that I last saw h[illegible] alive on March 5th 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Endocarditis

(DURATION) DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date March 5th 1908

Place of Burial St Alphonsus

Date March 8" 1908

Undertaker H S Fink

Address 2113 E Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 24 — C10163 — Registered No. B C10163

CERTIFICATE OF DEATH.

93

Place of Death.) No. 1261 Riverside ave — ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Seymour

{Residence, if in Baltimore, Give Street and Number.} 1261 Riverside ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 17th 1905

AGE: 2 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thomas E. Seymour

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Catherine C. Kane

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas E. Seymour

(Address) 1261 Riverside ave

Filed 3/7 190 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 190 8

I HEREBY CERTIFY, That I attended deceased from Febry 29 190 8 to March 6 190 8

that I last saw h[er] alive on March 5 190 8

and that death occurred, on the date stated above, at 8 30 a M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. L. Duane M.D.

Address 921 N Eutaw St

Date March 6/08. 190

Place of Burial New Cathedral Cemetery

Date March 9 190 8

Undertaker F A Krause Bro

Address 703 Hanover St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward .....

C10164 Registered No. B .....

C10164

CERTIFICATE OF DEATH.

(Place of Death.) No. 2231 Essex St. St. (If death occurred in Hospital or institution give its Name instead of Street and Number.)

Full Name Henrietta Maldeis

{Residence, if in Baltimore, Give Street and Number.} 2231 Essex St.

Duration of Residence in Baltimore. 53 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 15th 1824

AGE 83 years, 6 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Krokowski

(Address) 2231 Essex St

Filed 3/7 190 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 — 190

I HEREBY CERTIFY, That I attended deceased from Jan — 20 1908 to March 6 — 1908 that I last saw him alive on March 1 1908 and that death occurred, on the date stated above, at ... a. m. CAUSE OF DEATH (Secondary or Immediate)

Senility —

Senile Marasmus

2 mos (DURATION) ... DA...

Contributory (Primary.) V. Chamberlain

— (DURATION) ... DA...

(Signed) J. C. Bruce M.D.

Address 125 E Biddle

Date March 6/08

Place of Burial Mt. Carmel

Date 3/8/08 190...

Undertaker J. Herwig & Son

Address 2008 Orleans

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

C10165

Registered No. B

CERTIFICATE OF DEATH.

C10165

(Place of Death.) No. 1804 E. Eager St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Becker

{Residence, if in Baltimore, Give Street and Number.} 1804 E. Eager

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 7th 1850

AGE: 57 years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Henry Becker

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Becker

(Address) 1804 E. Eager

Filed 3/7 190 [illegible] Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 5. 1908

I HEREBY CERTIFY, That I attended deceased from Feby 23. 1908 to Mch 5. 1908

that I last saw h[illegible] alive on " " 190"

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 13 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Geo A Hartman M.D.

Address 1121 N Caroline St

Date Mch. 6. 1908

Place of Burial Balto Cem

Date 3/8/08 190

Undertaker J Herring & Son

Address 2008 Gilmore

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C10166 — Registered No. B C10166

CERTIFICATE OF DEATH.

166

(Place of Death.) No. Fort Ave & Andre St. (If Death occurred in Hospital or Institution give its Name instead of Street and No.)

Full Name William A J Mack

{Residence, if in Baltimore, Give Street and Number.} 1356 Towson

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH December 23 1894

AGE 13 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Mack

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Elizabeth Shade

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Mack (Father)

(Address) 1356 Towson St

Filed 3/7 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 190

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 5.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Crushed about the body having been run over by car 216 U Ry & Co

accidental death (DURATION) DA

Con'tributory (Primary.)

(DURATION) DA

(Signed) H W Leinhardt M.

Address Coner

Date March 7 190

Place of Burial Western Cemetery

Date March 8 190

Undertaker Jos. Stuntebeck

Address 618 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the undertaking the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C10167 Registered No. B C10167

CERTIFICATE OF DEATH. 145

(Place of Death.) No. 122 E. Randall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Paul F. Nelson

{Residence, if in Baltimore, Give Street and Number.} 122 E. Randall St

Duration of Residence in Baltimore. Left Twins

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 28 1907

AGE ..... years, 4 months, 5 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John E. Nelson

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Nelly M Roysinger

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E. Nelson

(Address) 122 E Randall St.

Filed 3/7 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1908

I HEREBY CERTIFY, That I attended deceased from July 18 1907 to March 3 1908

that I last saw him alive on March 3 1908

and that death occurred, on the date stated above, at 10 M.

CAUSE OF DEATH (Secondary or Immediate.)

Malnutrition and Pemphigus

(DURATION) 16 DAYS

Con'tributory (Primary) Asthenia

(DURATION) 16 DAYS

(Signed) Henry C. Kelly M.D.

Address Garrett Hospital Dispensary

Date March 5 1908

Place of Burial St. Peters

Date March 7 1908

Undertaker Jos. Stuntebeck

Address 1818 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

missing

C10168
thru
C10170

Registered No. B C10171

CERTIFICATE OF DEATH.

(Place of Death.) No. 642 w Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 79

Full Name Anna Rebecca Jackson

{Residence, if in Baltimore, Give Street and Number.} 642 w mulberry st

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX	COLOR	DATE OF DEATH
[illegible]	negro	3-5- 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 1 1908

SECTION 2. *And be it further enacted* duty of the Physician who attended du ice, to furnish within **eighteen hours aft** ing forth, as far as the same can be asce eased, and the **cause and date of death**

C-10171

C-

C 1017 2
thru
C 1017 4
missing

Ward 9 C10175 Registered No. B C10175

CERTIFICATE OF DEATH. 47

(Place of Death.) No. 115 W Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Schmidt.

{Residence, if in Baltimore, Give Street and Number.} 115 W Hamburg St.

Duration of Residence in Baltimore. Lifetime Known

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Dec 1 1850

AGE 57 years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Nicholas Schmidt.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dorothea Kuhn.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H L Schmidt

(Address) 531 W Hamburg St

Filed 3/7 1908 HENRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 4 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2 1908 to Mar 4 1908 that I last saw h[illegible] alive on Mar 4 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chr. Rheumatoid Arthritis

Chronic Bronchitis

Exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W D Bruce

Address 828 N Carrollton Ave

Date Mar 6 1908

Place of Burial Loudon Park Cemetery

Date March 8th 1908

Undertaker Philip Seewald & Son

Address 119 S. Eutaw St.

WM. J. C. DULANY CO., BALTI[illegible]

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C10176 Registered No. B

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 1713, Fairmount ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Maria Krueger

{Residence, if in Baltimore, Give Street and Number.} 1713, Fairmount Ave

Duration of Residence in Baltimore. 61 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan. 20th 1821

AGE: 87 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora Krueger

(Address) 1713 Fairmount Ave.

Filed 3/7 1908 HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1908

I HEREBY CERTIFY, That I attended deceased from March 2 1908 to March 5 1908 that I last saw her alive on March 5 1908, and that death occurred, on the date stated above, at 7 A., M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(DURATION) 1 DAYS

Contributory (Primary.) Senile bronchitis

(DURATION) 3 DAYS

(Signed) Pierre E. Dausel M.D.

Address 121, Gaetano Square

Date March 7 1908

Place of Burial Baltimore Cem.

Date March 8 1908

Undertaker HENRY SAUER & SONS. S. E. Cor. Broadway & Balto. Sts and 1708-1710 Canton Avenue

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C6177 Registered No. B

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 331 Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Jenkins

{Residence, if in Baltimore, Give Street and Number.} 331 Eutaw St

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: Colored

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER: Jas. C. Dean

BIRTHPLACE OF FATHER (State or country): N. C

MAIDEN NAME OF MOTHER: Catharine Dean

BIRTHPLACE OF MOTHER (State or country): N. C

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Jenkins

(Address) 331 Eutaw St

Filed 3/7 1908 MARY O. [illegible] PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Thursday March 5th 1908

I HEREBY CERTIFY, That I attended deceased from August 10th 1907 to March 5th 1908

that I last saw h[illegible] alive on March 3d 1908,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Paralysis (DURATION) DAYS

Contributory (Primary.) Intestinal Hemorrhage (DURATION) DAYS

(Signed) E. Ashton M.D.

Address 607 N Charles St

Date March 6th 1908

Place of Burial Mt Zion

Date March 8th 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C10178 Registered No. B C10178 9r

CERTIFICATE OF DEATH.

(Place of Death.) No. 1215 Mulligan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vernon Edward Dorsey

{ Residence, if in Baltimore, Give Street and Number. } 1215 Mulligan St

Duration of Residence in Baltimore. 5 mos. 21 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — 1

AGE: — years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John L Dorsey

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Nancy Butler

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L Dorsey

(Address) 1215 Mulligan St

Filed 3/7 '08 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3. 6 1908

I HEREBY CERTIFY, That I attended deceased from 3. 6 1908 to 3. 6 1908

that I last saw him alive on 3. 6 1908,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) — DAYS

(Signed) S. C. Katzoff M.D.

Address 116 N. Gilmor St.

Date 3. 7. 08. 1908

Place of Burial Woodberry

Date March 8 1908

Undertaker R. T. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 V Registered No. B

CERTIFICATE OF DEATH.

154

(Place of Death.) No. Garrison Lane & Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelm Kelch

{ Residence, if in Baltimore, Give Street and Number. } Garrison Lane & Franklin St

Duration of Residence in Baltimore. 21 years

C10179

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Dec 29th 1832

AGE: 75 years, -2 months, -6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Frederick Kelch

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Marie Brathaller

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhelmina Kelch.

(Address) Garrison Lane & Franklin

Filed 3/6 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10th 1908 to March 6th 1908 that I last saw him alive on March 6th 1908 and that death occurred, on the date stated above, at 1-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old Age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Hauff M.D.

Address 15 E. Monroe St

Date March 6th 1908

Place of Burial Western

Date March 9/08 1908

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

74

(Place of Death.) No. 618 N. Hartford St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie T. Carr.

{ Residence, if in Baltimore, Give Street and Number. } 618 N. Hartford. C10180

Duration of Residence in Baltimore. Life —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. | COLOR White.

DATE OF BIRTH — 1

AGE 56. years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Timothy Dempsey

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Harry Carr

(Address) 618 N. Hartford

Filed 3/6 1908

HENRY C. ANDREWS, PERMIT CLERK Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6th 1908

I HEREBY CERTIFY, That I attended deceased from March 2d 1908 to March 6 1908

that I last saw her alive on March 6 1908,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Nervous collapse

and general Mah

dem. fracture of thigh causing

embolism of lung about

two months ago.

Contributory (Primary) (DURATION) DAYS

(DURATION) DAYS

(Signed) Thomas F Kelly M.D.

Address 610 N Hunterson

Date March 6th 1908

Place of Burial Cathedral Cem.

Date March 9/908.

Undertaker William Lovell

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B

CERTIFICATE OF DEATH.

1 20

(Place of Death.) No. 1212 Riverside Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura C Booker

{ Residence, if in Baltimore, Give Street and Number. } 1212 Riverside Ave

C10181

Duration of Residence in Baltimore. 11 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH .....

AGE 63 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER John Thomas Winchester

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr W. J. Booker

(Address) 1212 Riverside

Filed Mar 8 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 1908

I HEREBY CERTIFY, That I attended deceased from Feb 20 1908 to March 6 1908

that I last saw h[er] alive on March 6 1908,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrage

(DURATION) 1 DAYS

Contributory (Primary.) Chronic Nephritis

Arterio Sclerosis (DURATION) DAYS

(Signed) Harry Gross M.D.

Address 909 Cathedral St

Date March 6 1908

Place of Burial Loudon Park Cemetery

Date March 9th 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7th — Registered No. B 176

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Lee Wentzell

{Residence, if in Baltimore, Give Street and Number.} 439 Grindall St.

C10182

Duration of Residence in Baltimore. 8 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: March — 1893

AGE: 14 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S —

BIRTHPLACE (State or country): Anne Arundel Co Md.

FULL NAME OF FATHER: Chas M Wentzell

BIRTHPLACE OF FATHER (State or country): Carroll Co Md.

MAIDEN NAME OF MOTHER: Emma M Babylon

BIRTHPLACE OF MOTHER (State or country): Carroll Co Md

OCCUPATION OF DECEASED: Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas M Wentzell

(Address) 439 Grindall St

Filed 3/9 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

Last

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4 1908

I HEREBY CERTIFY, That I attended deceased from March 2 1908 to March 4 1908 that I last saw h alive on March 4 1908, and that death occurred, on the date stated above, at 8.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Septic Dyptheria Tonsilitis Swallowing Fish Bone

(DURATION) 16 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) H H Baker M.D.

Address Baltimore City Hospitals

Date March 4 1908

Place of Burial CEDAR HILL. MAR 7 - 1908

Date 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12th

Registered No. B C10183

CERTIFICATE OF DEATH.

(Place of Death.) No. 302 E Randall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oden J Byrd

{ Residence, if in Baltimore, Give Street and Number. } ~~5 years~~ 302 E Randall

Duration of Residence in Baltimore. 60 years C10183

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 12 1832

AGE: 75 years, 8 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Accomac Co., Va.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O B Marston

Address 310 E Randall St

Filed 3/9 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

Last

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to March 6 1908 that I last saw h[illegible] alive on Mch 6 1908, and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia, Senility.

(DURATION) 60 DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Harry Gray M.D.

Address 709 Cathedral

Date March 6 1908

Place of Burial MOUNT OLIVET.

Date MAR 9 - 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 27th C10184 Registered No. B 54

CERTIFICATE OF DEATH.

(Place of Death.) No. 1740 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Slawatzki

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. 11 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	August 29 1843
AGE	64 years, 6 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Slawatzki
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Katharin Kowmejer
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank L Damison

(Address) 1624 Lancaster

Filed 3/7 1908 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 th 1908

I HEREBY CERTIFY, That I attended deceased from March 3 1908 to March 6 1908 that I last saw him alive on March 6 1908, and that death occurred, on the date stated above, at 2 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pernisions

Anemia (DURATION) 30 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 30 DAYS

(Signed) L. L. Zumwalt M.D.

Address 922 S. Ann st

Date March 6 th 1908

Place of Burial H. Stanislaus. MAR 9 - 1908 190

Undertaker M. F. SADOWSKI

Address 703 S. ANN ST. BALTIMORE, MD.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 10185 Registered No. B C10185

CERTIFICATE OF DEATH. 176

(Place of Death.) No. 506 N. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Earnest Douglas

{ Residence, if in Baltimore, Give Street and Number. } 506 N. Eutaw St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Unknown 1

AGE about 28 yrs. ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Italy (supposed)

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/7 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 16th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Shock, from pistol shot in the brain

died instantly (DURATION) ..... DAYS

Contributory (Primary.) murder

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lag. av. (Canton)

Date Jan. 17th 1908

Place of Burial St. Peters Cem.

Date March 7th 1908

Undertaker H. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C10186

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 522 W. Hoffman St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Junious Norris

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Jno Norris

BIRTHPLACE OF FATHER (State or country): St Marys Co Md.

MAIDEN NAME OF MOTHER: Amanda Curtis

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amanda Norris

(Address) 522 W. Hoffman st

Filed March 7th 1908 HENRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 5th 1908 to Mar 7th 1908 that I last saw h on alive on March 1908, and that death occurred, on the date stated above, at 6 a. M. The CAUSE OF DEATH was as follows:

Catarrhal Pneumonia

(DURATION) 4 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) W Grant Hoff M. D.

Mar 7 1908 (Address) 354 N. Biddle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Mar 8th 1908

UNDERTAKER: Geo B Pye

ADDRESS: 1026 E Fulton

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C10187 9

Registered No. B.....

City of Baltimore, (No. ~~756~~ 768 W. Hamburg St.; ~~St. Peters~~ ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Buchal

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	July (Month) 24 (Day) 1896 (Year)
AGE	11 years, 7 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Paul Buchal
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary Reinhart
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	attended school

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Buchal

(Address) 768 W. Hamburg St

Filed March 7" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1908 to Mark 7, 1908 that I last saw h~~im~~ alive on March 7, 1908, and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Diphtheria

(DURATION) 7 DAYS

Contributory Septic intoxication

(DURATION) 7 DAYS

(Signed) Dr. Robert F. Buchal M. D.

March 7, 1908 (Address) 756 St. Peter St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemetary	Mar 8th 1908
UNDERTAKER	ADDRESS
A Knell & Son	807 Columbia Av

WM. J. C. DULANY CO., BALTIMORE.

Time Extended to Mch. 8. 1908 - 3 p.m. a.D.J.

Funeral at 3 P.M. 3/8/08

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward W C10188 Registered No. B C10188 27

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Detention Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Carter

{Residence, if in Baltimore, Give Street and Number.} 614 N. Gay to St., Baltimore

Duration of Residence in Baltimore. two years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Annapolis Md

FULL NAME OF FATHER: James Davis

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret Baldwin

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday

(Address) BAY VIEW ASYLUM

Filed March 7 1908

HENRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 7 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to March 7 1908 that I last saw her alive on March 7 1908, and that death occurred, on the date stated above, at 5 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

~~Tuberculosis of Supremia~~
Oedema of Brain

(DURATION) 2 DAYS

Contributory (Primary.) T. B. & Syphilis

(DURATION) DAYS

(Signed) T. H. Phillips M.D.

Address Balto. City Detention Hospital

Date March 7. 1908.

Place of Burial Laurel Cemetery

Date March 8 1908

Undertaker Feby. & Pyle

Address 1026 Mulberry

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C10189

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C10189

CERTIFICATE OF DEATH.

93

Registered No. B

City of Baltimore, (No. 1052 Granby St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Bernstein

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	December 7 1906 (Month) (Day) (Year)
AGE	1 years, 3 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Max Bernstein
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Jennie Elkman
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Bernstein

(Address) 1052 Granby st

Filed 3/8 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 26 1908 to March 5 1908 that I last saw h[illegible] alive on March 5 1908, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

1 Pneumonia

(DURATION) 12 DAYS

Contributory

(DURATION) DAYS

(Signed) M. Hirschman M. D.

March 7 1908 (Address) 900 E. Balt a

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Randall Cemetery	March 8 1908
UNDERTAKER	ADDRESS
Max Levinson	1620 McElderry

WM. J. C. DULANY CO., BALTIMORE.

C10190 C10190

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mosco Blum.

{Residence, if in Baltimore, Give Street and Number.} 911 E Lombard st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	W hite
DATE OF BIRTH	Feb 10 1908
AGE	years, 1 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Samuel Blum
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Fannie Shur
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Blum

(Address) 911 E Lombard st

Filed 3/7 1908

CITY OF ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Mch 7 1908
I HEREBY CERTIFY, That I attended deceased from	Feb 28 1908 to Mch 7 1908
that I last saw h[illegible] alive on	[illegible] 190[illegible]
and that death occurred, on the date stated above, at	3 P.M.
CAUSE OF DEATH (Secondary or Immediate)	Inanition
(DURATION)	10 DAYS
Contributory (Primary.)	[illegible]
(DURATION)	DAYS
(Signed)	J. H. Callenberg M.D.
Address	1810 E Balto st
Date	Mch 7 1908
Place of Burial	Mount Zion Cemetery
Date	March 9 1908
Undertaker	Mayo Garrison
Address	1020 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS. 105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 10191

Registered No. B.....

City of Baltimore, (No. 1115 Granby St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Malie Riverovitz

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January (Month) 1 (Day) 1908 (Year)

AGE ..... years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) U.S.

FULL NAME OF FATHER Morris Riverovitz

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Minnie Goldberg

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Riverovitz

(Address) 1115 Granby St

Filed 3/8 1908 HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 5 1908 to March 6 1908

that I last saw her alive on March 6 1908

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Entero - Colitis

DURATION) 14 DA

Contributory

DURATION) D

(Signed) M. Hirschman M.

March 7 1908 (Address) 900 E. Biddle St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? Da

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Holma Woodlawn Cemetery | DATE OF BURIAL Mar 8 1908

UNDERTAKER Max Levinson | ADDRESS 1520 McElderry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward D C10192 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 247 Chestnut St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James M. Stewart

{Residence, if in Baltimore, Give Street and Number.} 247 Chestnut St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1896

AGE: 11 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Samuel Stewart

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Stewart

(Address) 247 Chestnut St

Filed ..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6, 1905

I HEREBY CERTIFY, That I attended deceased from Jan. 15 1907 to March 6, 1905, that I last saw h... alive on March 1905, and that death occurred, on the date stated above, at 5 ....M.

CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Pulmonalis

(DURATION) 14 Mo

Contributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) P. E. Lilly M.D.

Address 207 Cumberland

Date March 7, 1905

Place of Burial Laurel

Date March 8 1905

Undertaker R. H. Eckhardt

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C10193 Registered No. B 177

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 Druid Hill ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charlotte Agnew

{Residence, if in Baltimore, Give Street and Number.} 719 Druid Hill ave

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Spriller

(Address) 719 Orchard st

Filed 3/8 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 6th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Cyhanetion

..... (DURATION) ..... DAYS

Contributory (Primary.) General

Debility (DURATION) ..... DAYS

(Signed) Alex Blackburn M.D.

Address 709 Eager ave. (Corner)

Date Mar. 7th 1908

Place of Burial Mt Auburn

Date Mar 9 1908

Undertaker Abst Hohnsberg

Address 578 N Richards St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10194 Registered No. B 118

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Solomon Kaufman.

{Residence, if in Baltimore, Give Street and Number.} 728 Aisquith

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: David Kaufman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Celia Cozens.

BIRTHPLACE OF MOTHER (State or country): New York.

OCCUPATION OF DECEASED: Laundry

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) I. Kaufman

(Address) 728 Aisquith

Filed 3/8 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 7th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 22nd. 1908 to Mar. 7th 1908 that I last saw h, mr. alive on Mar. 7th 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 3 DAYS

Contributory (Primary.) Acute Appendicitis (DURATION) 14 DAYS

(Signed) Edward Bayley Jr. M.D.

Address Hebrew Hospital

Date Mar 7th 1908

Place of Burial Hebrew Friendship

Date March 9 1908

Undertaker Wandt Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

728 Aisquith St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, **within eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as nearly as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, **and date of death.**

Ward 17 C10195 Registered No. B C10195

CERTIFICATE OF DEATH.

9V

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Otho

{ Residence, if in Baltimore, Give Street and Number. } 436 West Hamburg

Duration of Residence in Baltimore. 2 ½ yrs

C10195

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Single | COLOR colored

DATE OF BIRTH Dec 3, 1906

AGE 2 y 2 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) md

FULL NAME OF FATHER Wm Otho

BIRTHPLACE OF FATHER (State or country) md.

MAIDEN NAME OF MOTHER Annie Randall

BIRTHPLACE OF MOTHER (State or country) md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anne Randall

(Address) 436 W Hamburg St

Filed 3/7 1908 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3-6 1908

I HEREBY CERTIFY, That I attended deceased from 3-3 1908 to 3-6 1908

that I last saw h~~im~~ alive on 3-6 1908,

and that death occurred, on the date stated above, at 9-30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Respiratory Failure

(DURATION) — DAYS

Contributory (Primary.) Broncho. Pneumonia

(DURATION) 5- DAYS

(Signed) E W Billups M.D.

Address University Hospital

Date 3-7 1908

Place of Burial Mt. Auburn Cem

Date March 8, 1908

Undertaker John H. Toadvine

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 10196 Registered No. B 41

CERTIFICATE OF DEATH.

(Place of Death.) No. Visitation Convent Park ave & Centre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sr. M. Beatrice Rice

{Residence, if in Baltimore, Give Street and Number.} Park ave and Centre St.

Duration of Residence in Baltimore. Life years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1840

AGE 68 years, - months, - days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Robert Rice

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Ellen Moore.

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Religious

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. Sr. Superior

(Address) Visitation Convent

Filed 3/8 1908 MARY C. [illegible] PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 1908

I HEREBY CERTIFY, That I attended deceased from July 1907 to March 1908, that I last saw h[illegible] alive on March 7 1908, and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Intestines

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St

Date March 8 1908

Place of Burial Mount de Sales

Date March 9th 1908

Undertaker J. Henry H. Jenkins and Son

Address Howard & Madison Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C10197

144

CERTIFICATE OF DEATH.

(Place of Death.) No. 1531 Jefferson St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Weeks

{Residence, if in Baltimore, Give Street and Number.} 1531 Jefferson St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1833

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): And

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas G Bailey

(Address) 1421 Jefferson St

Filed 3/8 1908. REGISTRY OF ... PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 16 1907 to March 5 1908 that I last saw h[illegible] alive on March 5 1908, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Syncope

(DURATION) 3 DAYS

Con'tributory (Primary.) Septic Cellulitis

of left arm (DURATION) 11 wks DAYS

(Signed) W. Harris M.D.

Address 1344 Druid Hill Ave

Date March 7 — 1908

Place of Burial Laurel Burial

Date June 8th 1905

Undertaker Chas G Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C10198 Registered No. B 11r

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Betty Baum

{Residence, if in Baltimore, Give Street and Number.} 2859 Woodbrook Ave

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 21st 1849

AGE: 58 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Supposed Steiner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Fannie Goldstein

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hermann Moritz

(Address) 2019 Eutaw Place

Filed 3/8 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan 19 1908 to March 6 1908 that I last saw her alive on March 6 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 5 DAYS

Contributory (Primary.) Carcinoma of Liver (DURATION) ? DAYS

(Signed) Charles Gayley Jr. M.D.

Address Hebrew Hospital

Date March 6 1908

Place of Burial Oheb Sholom Cem

Date Mar 8/08 1908

Undertaker J Ahrens Co

Address 1607 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1

C10199

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1 East Oslind St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Randolph Alexander

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feby (Month) 7 (Day) 1898 (Year)

AGE: 10 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Alexander

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Nellie Brady

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Alexander

(Address) 1 E. Oslind St.

Filed 3/8 1908 MARY C. [illegible] Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 5 1908 to Mch 7 1908 that I last saw h[illegible] alive on Mch 6 1908, and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Scarlet fever (DURATION) 2 DAYS

Contributory Heart failure (DURATION) 1 hour DAYS

(Signed) M. A. Fain M. D.

Mch 7 1908 (Address) 12 E. 21st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: March 8 1908

UNDERTAKER: E Hart

ADDRESS: 115 E Mad St

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B C10200 56

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Queen

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Col.

DATE OF BIRTH: 1

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday

(Address) BAY VIEW ASYLUM

Filed 3/8 1908. HENRY O. HILLEN PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 23 1908 to March 6 1908 that I last saw h alive on March 6 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) ..... DAYS

Contributory (Primary.) Alcoholism

Syphilis (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date March 6 1908

Place of Burial Sacred Heart

Date March 8 1908

Undertaker Chas. F. Evans

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. 2004 Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Simeon Spicer

{Residence, if in Baltimore, Give Street and Number.} 2004 Park ave.

Duration of Residence in Baltimore. 22 years. C10201

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 1

AGE: 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Harford Co.

FULL NAME OF FATHER: Abraham Spicer

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Eliza Rush

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Gov. Inspector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. B. Spicer.

(Address) 140 N. 15 St. Phila.

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 6 1908

I HEREBY CERTIFY, That I attended deceased from Feb 28 1908 to Mar 6 1908

that I last saw him alive on Mar 6 1908,

and that death occurred, on the date stated above, at 5:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia.

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O. Edward Janney M.D.

Address 825 Newington ave

Date Mar. 8. 1908

Place of Burial Meh. 9 - 1908.

Date Fallston Harford Co. Md.

Undertaker E. M. Mitchell

Address 1201 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

176

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J Burke

{Residence, if in Baltimore, Give Street and Number.} 149 North Potapsco St.

C 10202

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1869

AGE: 39 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: James Burke

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margret Welsh

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Street Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas P Mannion

(Address) 3523 E Balto St

Filed 3/8 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 6th 1908

I HEREBY CERTIFY, That I attended deceased from As known 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4- P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull, Homicide

(Knocked down with fist by Crane) (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) J. D. Ephraim crane M.D.

Address 211 W. Lanvale

Date B. 7th 1908

Place of Burial Cathedral Cemetery

Date March 9th 1908

Undertaker J. E. Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ...

C10203

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Benjamin

{ Residence, if in Baltimore, Give Street and Number. } 1615 Jackson St.

Duration of Residence in Baltimore. 7 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Not Known 1851

AGE: 57 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Landis Co Va

FULL NAME OF FATHER: John Benjaman

BIRTHPLACE OF FATHER (State or country): Landis Co Va

MAIDEN NAME OF MOTHER: Harriett Hardy

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lenna E Benjamin

(Address) 1616 Jackson St.

Filed 3/8 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3-5- 1908

I HEREBY CERTIFY, That I attended deceased from 2-20 1908 to 3-5- 1908

that I last saw h[im] alive on 3-5- 1908,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

— (DURATION) — DAYS

Contributory (Primary.) Myocarditis - Passive congestion (DURATION) 3 yrs. DAYS

(Signed) J. H. Legg M.D.

Address University Hospital

Date 3-5- 1908

Place of Burial Leesburg Va

Date March 9 1908

Undertaker D. E. Hughes.

Address 17 S. Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 9V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C10204 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C10204

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1372 Whatcoat St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edwin Pocker.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: October (Month) 15 (Day) 1902 (Year)

AGE: 6 years, 4 months, 20 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Child.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Daniel Pocker.

BIRTHPLACE OF FATHER (State or country): Lancaster Va.

MAIDEN NAME OF MOTHER: Liza Hall

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Pocker

(Address) 372 Whatcoat st.

Filed 3/8 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 5th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from February 17 1908 to March 5 1908

that I last saw him alive on March 5 1908

and that death occurred, on the date stated above, at 7.40 P. M. The CAUSE OF DEATH was as follows:

Bronchu-Pneumonia

(DURATION) 14 DAYS

Contributory Acute Tonsilitis Glan-dular

(DURATION) 3 DAYS

(Signed) William Johnson M. D.

March 1908 (Address) 1701 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: Mar 8 1908

UNDERTAKER: Wm. J. Johnson

ADDRESS: 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

C10205

CERTIFICATE OF DEATH.

C10205

Registered No. B.....

City of Baltimore, (No. 1022 Granby St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rebecca Rosenoff

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: December 30 (Month) (Day) 1907 (Year)

AGE: — years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Nathan Rosenoff

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Sonug

BIRTHPLACE OF MOTHER (State or country): Russia.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. Rosenoff

(Address) 1022 Granby st

Filed 3/8 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 3 1908 to March 7 1908

that I last saw her alive on March 7 1908,

and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Acute Gastritis

(DURATION) 10 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) M. Kirschner M. D.

March 8 1908 (Address) 700 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hebrew Randolph Cemetery — DATE OF BURIAL: Mar. 8 1908

UNDERTAKER: Max Levinson — ADDRESS: 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C10206 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 921 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Baltimore

{Residence, if in Baltimore, Give Street and Number.} 921 Druid Hill Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Jan. 14th 1908

AGE: — years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Armistead Baltimore

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Louise Durand

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Armistead Balt.

(Address) 921 Druid Hill ave.

Filed 3/8 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 8th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Wm Blackman M.D.

Address 700 Lex. av. (Comm.)

Date Mar. 9th 1908

Place of Burial Laurel Cemetery

Date March 8. 1908

Undertaker Felix B. Pye

Address 182 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C10207

CERTIFICATE OF DEATH.

101

(Place of Death.) No. St. Joseph Hos. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Ann Moore

{Residence, if in Baltimore, Give Street and Number.} Flatwoods, W. Va

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH Mar 8 1856	
AGE 52 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	John J. Landman
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Josephine Bowning
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. G. Moore

(Address) Flatwood W. Va.

Filed March 8 1908

HENRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 25 1908 to March 8 1908

that I last saw h er alive on Mar. 8 1908,

and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic pneumonia

with Acute Bright's disease

(DURATION) 8 DAYS

Contributory (Primary) Cystic degeneration of uterus (DURATION) ... DAYS

(Signed) John J. Moore M.D.

Address Flatwoods W. Va.

Date March 8 1908

Place of Burial Flatwood W. Va

Date March 9 1908

Undertaker Chas. F. Evans

Address 118 1/2 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B

C 10208 14

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Woods

{Residence, if in Baltimore, Give Street and Number.} Cleaveland Pa

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Woods

(Address) Indiana Co Pa

Filed March 8 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1 1908 to March 7 1908

that I last saw him alive on March 7 1908,

and that death occurred, on the date stated above, at 5-01 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Brain Tumor

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. W. Clough M.D.

Address Johns Hopkins Hospital

Date March 8 1908

Place of Burial Cloverdale Cem Indiana Co Pa

Date March 10 1908

Undertaker M Cadogan

Address 696 W Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C10209 46

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elmore Johnson

{Residence, if in Baltimore, Give Street and Number.} Day Dy Md "

Duration of Residence in Baltimore. 1

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Not Known 1

AGE about 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) not Known

FULL NAME OF FATHER not Known

BIRTHPLACE OF FATHER (State or country) not Known

MAIDEN NAME OF MOTHER not Known

BIRTHPLACE OF MOTHER (State or country) not Known

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L A Hillsinger

(Address) Ellicott City Md

Filed 3/9 1908 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 8, 1908

I HEREBY CERTIFY, That I attended deceased from Mch 3, 1908 to Mch 8 1908

that I last saw h[illegible] alive on Mch 8 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apnoea

(DURATION) DAYS

Contributory (Primary.) Tumor of Larynx (DURATION) DAYS

(Signed) W. W. Brown M.D.

Address Md. Gen. Hosp "

Date Mch. 9, 1908

Place of Burial Johnson family Burying Ground How Co

Date Mar 11-08 1908

Undertaker Stephen Hillsinger & Son

Address Ellicott City Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ... Registered No. ...

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 832 Robey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Garrison

{ Residence, if in Baltimore, Give Street and Number. } Above

Duration of Residence in Baltimore. 16 yrs C 10210

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Chas Allen

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Maria Garrison

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Pursnell

(Address) 832 Robey St

Filed 3/9 1908

HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6th 1908

I HEREBY CERTIFY, That I attended deceased from As Above 190..

that I last saw h... alive on ... 190..,

and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthma + dropsy from Heart Disease, at the Univ of Md Hosp. 4 weeks.

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) J. D. Lieutenant Coroner M.D.

Address 711 W. Lanvale

Date March 7th 1908

Place of Burial Mt Auburn

Date March 9th 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C10211

CERTIFICATE OF DEATH. 108

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James C. Gunn

{ Residence, if in Baltimore, Give Street and Number. } 1832 Division St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH May 10 1875

AGE 32 years, 11 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Alexander Gunn

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Martha Blake

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ada Gunn (wife)

(Address) 1832 Division St

Filed

3/9 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 8 1908 to March 7 1908

that I last saw him alive on March 7 1908,

and that death occurred, on the date stated above, at 7 45 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Septicaemia

(DURATION) DAYS

Contributory (Primary.) Intestinal Obstruction (DURATION) DAYS

(Signed) Henry M. Hurd M.D.

Address Johns Hopkins Hosp.

Date March 7 1908

Place of Burial St Peters

Date March 10 1908

Undertaker R A Elliott

Address 508 Rogers Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

Ward 5 C10312 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 421 East St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gustave Dietrich

{ Residence, if in Baltimore, Give Street and Number. } 421 East st C10212

Duration of Residence in Baltimore. 34 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED,~~ OR DIVORCED: Divorced

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Cabinet-maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Dietrich

(Address) 1019 Argyle ave

Filed 3/9 190... HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7, 1908

I HEREBY CERTIFY, That I attended deceased from Coroner's Case 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Benj. D. Hayden, M.D. Coroner

Address 1216 N. Caroline st

Date March 9 1908

Place of Burial Western Cem.

Date March 9 1908

Undertaker John J. Cowan

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C10213

CERTIFICATE OF DEATH.

C10213

147

(Place of Death.) No. 621 W. Barre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James. Allen.

{Residence, if in Baltimore, Give Street and Number.} 621 W. Barre st

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: December 13 1845

AGE: 62 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Joseph Allen

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Newspaper Boarder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma. Thomas

(Address) 621 W. Barre st

Filed 3/9 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 1908

I HEREBY CERTIFY, That I attended deceased from Aug - 1907 to Mar 8 1908

that I last saw him alive on Mar 7 1908

and that death occurred, on the date stated above, at 7.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Senile Gangrene

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo A Straus M.D.

Address 420 Hanover St

Date Mar 8 — 1908

Place of Burial London Park Cem

Date Tuesday March 10 1908

Undertaker Wm J. Tickner & Son

Address 425 W. Barre st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. C 10214

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 539 W. Barre st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin W. Sears

{Residence, if in Baltimore, Give Street and Number.} 539 W. Barre st

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 10 1908

AGE: 27 years, 3 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Calvert Co Md.

FULL NAME OF FATHER: Sears

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Foreman Camden Warehouse B+O.R.R. Co

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Oliva. Sears

(Address) 539 W. Barre st.

Filed 3/9 1908 HENRY O. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1908 to Mar. 7 1908 that I last saw him alive on Mar. 3, 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 6 months

Contributory (Primary.) Unknown

(DURATION) —— DAYS

(Signed) Albert L. Chambers. M.D.

Address 614 S. Paca st

Date March 8, 1908

Place of Burial Loudon Park Cem

Date March 10 1908

Undertaker Wm. J. Tiekner & Sons

Address 425 W. Camden st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

79

C10215

Registered No. B

City of Baltimore, (No. 411 E. 25th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amelia Rinder

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH March 12th 1838
(Month) (Day) (Year)

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Schmidt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER don't know.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Clark

(Address) 411 E. 25th St

Filed 3/9 190 8 REGISTRY OF DEATHS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 18th 1908 to March 7th 1908 that I last saw h[illegible] alive on March 6th 1908, and that death occurred, on the date stated above, at 7.10 a. m. The CAUSE OF DEATH was as follows:

Cardiac Asthma, with Exhaustion
Syncope

(DURATION) 2 DAYS

Contributory Arterial Sclerosis with Insufficiency of Semilunar Valves (DURATION) Yrs

(Signed) William Gillespie M. D.

March 8 1908 (Address) 801 Gotte Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Linden Park Cemetery

DATE OF BURIAL March 9th 1908

UNDERTAKER Geo Lewin Locke Son

ADDRESS 647 N. Paca St

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. C 10216

CERTIFICATE OF DEATH. 103

(Place of Death.) No. Maryland Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattarine Bormann

{ Residence, if in Baltimore, Give Street and Number. } 107 Scott St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh

DATE OF BIRTH: Feb 25 1869

AGE: 39 years, —— months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Ludwig Bormann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catharine Johnson

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ludwig Bormann

(Address) 107 Scott St

Filed 3/9 1908

Registrar

HENRY C. ANDREWS
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 7 1908

I HEREBY CERTIFY, That I attended deceased from Feb 22 1908 to March 7 1908

that I last saw her alive on March 7 1908,

and that death occurred, on the date stated above, at 4 30a.m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Chronic ulcer of Stomach (DURATION) 19 years

(Signed) Geo R. Jones M.D.

Address 1122 N. Mount St.

Date March 8. 1908

Place of Burial Emmanuel Luth Cem

Date March 9 1908

Undertaker Mrs Andrew Roloff & Son

Address 720 Penna Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10217

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 911 Price St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Beatrice Boggs

{ Residence, if in Baltimore, Give Street and Number. } atom

Duration of Residence in Baltimore. 1 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR red

DATE OF BIRTH 1

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) md

FULL NAME OF FATHER James Boggs

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Bertha Williams

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Williams

(Address) 911 Pierce St

Filed 3/9 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6th 1908

I HEREBY CERTIFY, That I attended deceased from Abscess 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus —

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. N. Lehrer M.D.
coroner

Address 218 N. Fremont

Date 3, 7 1908

Place of Burial Mt. Auburn ✓

Date March the 9th 1908

Undertaker A. J. Friedwald

Address 106 N. Schroeder st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

56

C10218

CERTIFICATE OF DEATH.

City of Baltimore, (No. 1510, Division St. St.; ..... Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B .....

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph M. Johnson.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 22 1875 (Month) (Day) (Year)
AGE	32 years, 7 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Joseph Johnson
BIRTHPLACE OF FATHER (State or country)	Bavaria
MAIDEN NAME OF MOTHER	Caroline Willhelm
BIRTHPLACE OF MOTHER (State or country)	Bavaria
OCCUPATION OF DECEASED	Upholster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Johnson

(Address) 1510 Division St

Filed 3 19 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 8th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar. 4th, 1908 to Mar. 8th, 1908, that I last saw him alive on .. .. 1908, and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Alcoholism involving all the nerve centers,

at least (DURATION) 8 DAYS

Contributory Cardiac Debility

(DURATION) ? DAYS

(Signed) Edwin C. Price, M. D.

Mar. 9th 1908 (Address) [illegible] Md. Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bonnie Brae	March 11 1908
UNDERTAKER	ADDRESS
Charles P Gautier	548 Mosher St

WM. J. C. DULANY CO., BALTIMORE

Ward 6 C10219 Registered No. B

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 807 S. Fremont Ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelmina Schafer

{ Residence, if in Baltimore, Give Street and Number. } 807 S. Fremont Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 24th 1857

AGE: 50 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Henry J. Remert.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Want Know.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Schafer

(Address) 807 S. Fremont Ave

Filed 3/9 1908

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy.

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Geo M Kenichardt M.D.

Address Coroner

Date March 9th 1908

Place of Burial Loudon Park Cem

Date March 10th 1908

Undertaker Jno & Jno H. Deuter

Address 801 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT STATION

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10220

City of Baltimore, (No. 10 Montebello ave St.; 9th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William R. McComas.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: Nov. 30 1906 (Month) (Day) (Year)	
AGE: 1 years, 3 months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore Md	
FULL NAME OF FATHER: Wm R. McComas	
BIRTHPLACE OF FATHER (State or country): Baltimore city	
MAIDEN NAME OF MOTHER: L. M. Cotter	
BIRTHPLACE OF MOTHER (State or country): Jamestown Va.	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm R. McComas

(Address) 10 Montebello ave

Filed 3/9 1908 HARRY G. ENLOWS Registrar

WM. C. BULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 8th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 5 1908 to March 8 1908, that I last saw him alive on March 8 1908, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Meningitis.

one. (DURATION) DAYS

Contributory measles.

2 days. (DURATION) DAYS

(Signed) H. J. Stiles Jr. M. D.

March 8 1908 (Address) 811 Johnston ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore	March 10 1908
UNDERTAKER: Robt. Brooks & Son	ADDRESS: 17 Calhoun

Ward ..... Registered No. B C10221

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 1824 Duncan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name O Lewis Sherman

{ Residence, if in Baltimore, Give Street and Number. } 1824 Duncan 51

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: 1831

AGE: 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Co

FULL NAME OF FATHER: Lewis Sherman

BIRTHPLACE OF FATHER (State or country): Baltimore Co

MAIDEN NAME OF MOTHER: Rebecca Sammis

BIRTHPLACE OF MOTHER (State or country): Baltimore Co

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Sherman

(Address) 1824 Duncan

Filed 3/9 1908 HENRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 7th 1908

I HEREBY CERTIFY, That I attended deceased from Feby. 1st 1908 to Mar. 6th 1908 that I last saw him alive on Mar 6th 1908, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senile Debility Old Ages

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Thomas A Maynard M.D.

Address 1516 E. Baltimore St

Date Mar. 7th 1908.

Place of Burial Louden Park

Date March 10 1908

Undertaker Wm J Schaeffer

Address 8 & Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B C10222

CERTIFICATE OF DEATH. 74

(Place of Death.) No. 206 Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Brusch

{Residence, if in Baltimore, Give Street and Number.} 206 Conway St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: Sept 29 1869

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Martinsburg W Va

FULL NAME OF FATHER: Charles Mayers

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louisa Yost

BIRTHPLACE OF MOTHER (State or country): W Va

OCCUPATION OF DECEASED: Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Mayers

(Address) 206 Conway St

Filed 3/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 1908

I HEREBY CERTIFY, That I attended deceased from Feb 18 1908 to March 5 1908 that I last saw her alive on March 5 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Congestion with effusion

(DURATION) 6 DAYS

Contributory (Primary.) Multiple Neuritis (DURATION) 1 yr. DAYS

(Signed) Robert G. Green M.D.

Address 127 Eutaw St

Date March 6 1908

Place of Burial Oak Lawn

Date March 9 1908

Undertaker Wm J Schaffer

Address 8 S Front St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C10223 Registered No. B 82

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Johnson

{Residence, if in Baltimore, Give Street and Number.} Cumberstone Md. (Cumberstone, Md)

Duration of Residence in Baltimore. 7 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Black
DATE OF BIRTH	Unknown 1858
AGE	50 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. W. Bowen

(Address) Md. General Hospital

Filed 3/9 1908 HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6, 1908.

I HEREBY CERTIFY, That I attended deceased from Feb. 28 1908 to March 6 1908

that I last saw h[illegible] alive on March 6 1908

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Embolism in Heart

(DURATION) ..... DAYS

Contributory (Primary) Malarial Poisoning (Chronic) (DURATION) One Year DAYS

(Signed) W. W. Bowen M.D.

Address Md. Gen. Hosp.

Date March 6, 1908

Place of Burial Mount Auburn Cemetery

Date March 9th. 1908.

Undertaker William M. Gaithrop.

Address North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 1815 Baker St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otis Murrel Driscoll

{Residence, if in Baltimore, Give Street and Number.} 1815 Baker St

Duration of Residence in Baltimore. Life

C 10224

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: December 1897

AGE: 10 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Harry O. Driscoll

BIRTHPLACE OF FATHER (State or country): Buckingham Co Va.

MAIDEN NAME OF MOTHER: Bessie R. Liggan

BIRTHPLACE OF MOTHER (State or country): Lynchburg Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry O. Driscoll

(Address) 1815. Baker St

Filed 3/9 1908

BERT S. ADAMS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7. 1908

I HEREBY CERTIFY, That I attended deceased from Jany 9 1908 to Mch 7 1908

that I last saw him alive on Mch 7 1908,

and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis.

(DURATION) 10 DAYS

Contributory (Primary.) Rheumatism.

(DURATION) 9 DAYS who

(Signed) George C. Shannon M.D.

Address 700 N. Fulton Ave

Date March 8. 1908

Place of Burial Lynchburg Va

Date March 10th. 1908

Undertaker William M. Gauthrop

Address North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10225

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 16 S Burley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Hildebrandt

{Residence, if in Baltimore, Give Street and Number.} 16 S. Burley

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 23rd 1845

AGE 63 years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Jacob Wallenhuein

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wm Hildebrandt

(Address) 16. S. Burley St

Filed 3/9 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to March 6 1908

that I last saw her alive on March 6 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

2 days (DURATION) DAYS

Contributory (Primary.) Mitral Stenosis

3 mos (DURATION) DAYS

(Signed) G. F. Blake M.D.

Address 1512 E Balto

Date March 6 1908

Place of Burial Mt Carmel Cem

Date March 9th 1908

Undertaker Geo M. Fink

Address 811 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10226

CERTIFICATE OF DEATH.

99

(Place of Death.) No. 1826 E Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John L Schwartz

{Residence, if in Baltimore, Give Street and Number.} 1826 E Madison

Duration of Residence in Baltimore.. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 27 1871

AGE: 36 years, 11 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Schwartz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katherine Schmeigl

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cigar maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Schwartz

(Address) 1826 E Madison

Filed 3/9 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7th 1908

I HEREBY CERTIFY, That I attended deceased from Feby 29 1908 to March 7 1908 that I last saw h.. alive on March 7 1908, and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Clyde A Gage M.D.

Address 727 N Broadway

Date 7/8/08 1908

Place of Burial Holy Redeemer

Date March 10 1908

Undertaker Geo. M. Fink

Address 811 N. Wolfe st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward .....

C10257

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 229 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Sporney

{Residence, if in Baltimore, Give Street and Number.} 229 S. Ann st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: .....1.....

AGE: ..... years, 7 months, 2 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Ignacy Sporney

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Julia Skolaska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ignacy Sporney

(Address) 229 S. Ann St.

Filed 3/11 1908.

[illegible] OF [illegible]
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8th 1908

I HEREBY CERTIFY, That I attended deceased from Feby 25th 1908 to Mar. 8th 1908 that I last saw h[illegible] alive on March 7th 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

.....

.....

.....

.....

Convulsions (DURATION) 6 DAYS

Contributory (Primary.)

Meningitis Spinal (DURATION) 6 DAYS

(Signed) C. M. Bletsey M.D.

Address 2. Hudson Pl & Sq

Date March 8th 1908

Place of Burial St. Mary's Cem.

Date Mar. 9th 1908

Undertaker Mundell Tippet & Son

Address 930 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 2800 Boston St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Margaret Schneider

{ Residence, if in Baltimore, Give Street and Number. } 2800 Boston St

C10228

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mch 8 1908

AGE 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Conrad Schneider

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Helena Rab

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. C. Hoffman

(Address) 2800 Boston St

Filed 3/19 1908 MARY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 8 1908

I HEREBY CERTIFY, That I attended deceased from Mch 6 1908 to Mch 7 1908

that I last saw her alive on Mch 7 1908,

and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 2 DAYS

Contributory (Primary.) Arteno-Sclerosis Indefinite

(DURATION) DAYS

(Signed) Leo Karlmeky M.D.

Address 1114 E. Chesapeake St

Date Mch 8 1908

Place of Burial Western

Date March 10 1908

Undertaker Jos. Stonebreaker

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT STATION

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91

CERTIFICATE OF DEATH.

Registered No. B C10229

City of Baltimore, (No. 1017 Linden Ave St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George B. Way

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct (Month) 29 (Day) 1854 (Year)

AGE: 53 years, 4 months, 9 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Andrew J. H. Way

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Kate Horsey

BIRTHPLACE OF MOTHER (State or country): Delaware

OCCUPATION OF DECEASED: Artist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Lila Way

(Address) 1017 Linden ave

Filed 3/9 1908 PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from — 1906 to Mar 9 1908

that I last saw him alive on Mar. 7 1908,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Odema of lungs - Cardiac failure

(DURATION) 3 DAYS

Contributory - Arteriosclerosis - Chronic bronchitis

(DURATION) Several years DAYS

(Signed) J. M. D. Rowland M. D.

Mar. 9 1908 (Address) 1204 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: March 11 1908

UNDERTAKER: Stewart & Mowrn Co — ADDRESS: 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 9 C10230 Registered No. B

CERTIFICATE OF DEATH.

C10230

92

(Place of Death.) No. 589 Orchard St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H Phillips

{Residence, if in Baltimore, Give Street and Number.} 589 Orchard St

Duration of Residence in Baltimore. 13 mo,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Feby 1 1907

AGE: 1 years, 1 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John H Phillips

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Jennie Sims

BIRTHPLACE OF MOTHER (State or country): Md

~~OCCUPATION OF DECEASED~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) John H Phillips

(Address) 589 Orchard St

Filed 3/9 1908 [illegible] Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 1908

I HEREBY CERTIFY, That I attended deceased from March 6 1908 to March 8 1908

that I last saw h ~~im~~ alive on March 7 1908

and that death occurred, on the date stated above, at 10 30 a M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Edema

(DURATION) DAYS

Con'ributory (Primary.) Broncho Pneumonia

(DURATION) DAYS

(Signed) Wm. Dean M.D.

Address Md. Gen. Hosp.

Date March 8 1908

Place of Burial Mt Auburn Cem

Date Mar 11 1908

Undertaker Jos Henry Smith

Address 1408 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate, setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1463 Towson St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lena Mende

{Residence, if in Baltimore, Give Street and Number.} 1463 Towson Street

Duration of Residence in Baltimore. about 25 years C 10231

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	19 July 1838
AGE	69 years, 7 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Robert Snyder
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	not known
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena X Mende

(Address) 1463 Towson St

Filed 7/9 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8 March 1908

I HEREBY CERTIFY, That I attended deceased from 14 Feb 1908 to 8 March 1908 that I last saw her alive on 7th March 1908 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Senility

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion.

(DURATION) DAYS

(Signed) Jamar Copper M.D.

Address 1322 Hadd St

Date 8 March 1908

Place of Burial Vicinity Cantlers

Date March 9th 1908

Undertaker H Dantler & Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Sappanor Wr be near 810 Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. } "

C 10232

Duration of Residence in Baltimore. "

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/9 1908 HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH about Mch 6 " 1908

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

From appearance due to Pneumonia Bulb.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lightenberger Coroner M.D.

Address 211 W. Lanvale

Date 3. 7. 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 7 - 1908 190

Undertaker Commissioner Health.

Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10233

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 20 S Green St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Flora Pratt

{ Residence, if in Baltimore, Give Street and Number. } 20 S Green

C10233

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: 1

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

3/9 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1908

I HEREBY CERTIFY, That I attended deceased from an coroner 190 to 190

that I last saw h..... alive on 190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Intercurrent

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) P J Martin M.D.

Address Coroners

Date March 5 1908

Place of Burial JOHNS HOPKINS HOSPITAL MAR 7 - 1908

Date 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ne duty of the Physician who attended d otice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate etting forth, as far as the same can be ascer eceased, and the **full name, sex, age, condition** (whether married or single) of the person **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 361 N. Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

27

Full Name Thomas Berry

{ Residence, if in Baltimore, Give Street and Number. } 361 N. Calvert St.

C10234

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: —— 1 ——

AGE: 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bald. Md.

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): — — — —

MAIDEN NAME OF MOTHER: — — — — —

BIRTHPLACE OF MOTHER (State or country): — — — —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. S. Haydon

(Address) 1216 N. Carolina St.

Filed 3/9 190 8 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 1st 1908

I HEREBY CERTIFY, That I attended deceased from Coroner's Case 190 to —— 190 ——

that I last saw him alive on —— 190 ——,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage.

(DURATION) —— DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) —— DAYS

(Signed) Benj. S. Haydon M.D. Coroner

Address ~~361 N. Cal. St.~~ 1216 N. Carolina St.

Date Mar. 6. 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 7 - 1908 190 ——

Undertaker Commissioner Health.

Per. Wm. E. WOODALL.

Address ——

WM. J. C. DULANY CO., BALTIMORE.

#7

Morgue

FOR ANATOMICAL PURPOSES

C10235

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1450 Lemmon St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Clarence Walls

{Residence, if in Baltimore, Give Street and Number.} 1450 Lemmon ave

Duration of Residence in Baltimore. Life

C10235

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Dec. 24th 1907	
AGE: ..... years, 2 months, 17 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: Bertha Watts	
BIRTHPLACE OF MOTHER (State or country): Unk	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Chew

(Address) 1450 Lemmon St

Filed 3/9 1908

HARRY O. INDERWISS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 6th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

from Unk (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Bratton M.D.

Address 700 Lafayette ave. (Corner)

Date Mar. 7th 1908

Place of Burial COLLEGE OF P. & S

Date MAR 9 - 1908 1908

Undertaker Commissioner Health,
Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1116 Goodman Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Myrtle Henderson

{ Residence, if in Baltimore, Give Street and Number. } 1116 Goodman Ave

Duration of Residence in Baltimore. Life C10236

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: November 10 1905

AGE: 2 years, 3 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Joseph Henderson

BIRTHPLACE OF FATHER (State or country): Southern

MAIDEN NAME OF MOTHER: Fannie Robinson

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Robinson (Grandmother)

(Address) 1116 Goodman Ave

Filed 3/9 1908

HENRY O. [illegible] Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to ~~1908~~

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Whooping cough

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. W. Reinhardt M.D.
Coroner

Address

Date March 9 1908

Place of Burial Mt Auburn cemetery

Date March 9 1908

Undertaker John A. Saadman

Address 142 N Gilmor St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C10237

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 507 Hargrove alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ezkiel Citizen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: — (Month) (Day) 1 (Year)

AGE: 5'5 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daisy Horsey

(Address) 507 Hargrove Alley

Filed 3/9 190 5

MARY C. [illegible]
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 7 (Day) 190 8 (Year)

I HEREBY CERTIFY, That I attended deceased from March 7 190 7 to March 7th 190 8

that I last saw h[illegible] alive on March 7 190 8,

and that death occurred, on the date stated above, at 3 — P. M. The CAUSE OF DEATH was as follows:

Acute Lobar Pneumonia

(DURATION) 5 DAYS

Contributory

(DURATION) DAYS

(Signed) W. H. Kennedy M. D.

March 7 190 8 (Address) 207 N. Liberty

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: March 7 190 8

UNDERTAKER: R. A. Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

C10238

Registered No. B.....

City of Baltimore, (No. 304 W Hoffman St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leonard Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Crisfield Md.

FULL NAME OF FATHER: Liseral Smith

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Hannah Ockenney

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lenyo Smith.

(Address) 304 W Hoffman st

Per Mch

Filed 3 14 1908

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 8th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 21st 1908 to Mar 6th 1908

that I last saw h im alive on Mar 6th 1908,

and that death occurred, on the date stated above, at 3.45 A. M. The CAUSE OF DEATH was as follows:

Coma with dropsy about 3 wks probably from Nephritis patient has been failing in health for a year or more Anemia Dyspnea + asthma (DURATION) DAYS

Contributory Began with uremic convulsions hemorrhage in March 1907 one year ago + since dyspnea (DURATION) DAYS

(Signed) A K Bond M D M. D.

Mar 8th 1908 (Address) 849 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: Mt Nat'l Cemetery | DATE OF BURIAL: Mar 12th 1908

UNDERTAKER: Felix B Pye | ADDRESS: 102 E Mulberry

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C10239 154

(Place of Death.) No. 2019 E Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Archibald McClish Kelley.

{ Residence, if in Baltimore, Give Street and Number. } 2019 E Baltimore St.

C10239

Duration of Residence in Baltimore. 70 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 18..

AGE 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Caroline County, Md.

FULL NAME OF FATHER William Poulson Kelley

BIRTHPLACE OF FATHER (State or country) Denton, Caroline Co. Md

MAIDEN NAME OF MOTHER Sarah Ann Green.

BIRTHPLACE OF MOTHER (State or country) Caroline Co., Md.

OCCUPATION OF DECEASED Ship-Carpenter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. S. Wightson

(Address) 2019 E Baltimore St.

Filed 3/9 1908

[illegible] C. [illegible]
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday March 8 1908

I HEREBY CERTIFY, That I attended deceased from March 3 1908 to March 8 1908 that I last saw h[illegible] alive on March 8 1908, and that death occurred, on the date stated above, at 1-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of Bladder and other ailments incident to Old age

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) D. W. Cattell M.D.

Address 1308 N Charles St

Date March 8th 1908.

Place of Burial Greenmount Cemetery

Date March 11th 1908

Undertaker J. E. Hughes

Address 175 Broadway.

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1840 Gough St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Healey

{Residence, if in Baltimore, Give Street and Number.} 1840 Gough St.

Duration of Residence in Baltimore. Life. C 10240

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Sept. 19 1866
AGE	41 years, 5 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	John O Doud
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Hanora Connolly
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John O Doud

(Address) 1840 Gough St.

Filed 3/9 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7, 1908

I HEREBY CERTIFY, That I attended deceased from July 1, 1907 to March 7, 1908 that I last saw h[illegible] alive on March 6, 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

[illegible] Cancer [illegible]

DURATION 5 mos 1 day

Contributory (Primary)

DURATION DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date March 8, 1908.

Place of Burial Holy Cross Cemetery

Date March 10 1908

Undertaker Germanus Thanz

Address Bank and Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1314. Sargent. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Albert Steyer

{ Residence, if in Baltimore, Give Street and Number. } 1314. Sargent st.

Duration of Residence in Baltimore. Lifetime

C10241

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | COLOR White.

DATE OF BIRTH 1849.

AGE 58 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED ~~Married.~~ Widower

BIRTHPLACE (State or country) Virginia George Co

FULL NAME OF FATHER Fielden Steyer.

BIRTHPLACE OF FATHER (State or country) Virginia.

MAIDEN NAME OF MOTHER Catherine Koon.

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas E. Steyer.

(Address) 1314. Sargent st.

Filed

3/9 1908

HENRY O. ANDREWS
DEPUTY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 1908

I HEREBY CERTIFY, That I attended deceased from Feb 3 1908 to March 7 1908 that I last saw him alive on March 8 1908 and that death occurred, on the date stated above, at 2.05 a. m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

5 week - (DURATION) DAYS

Contributory (Primary.) Paralysis

(DURATION) 1 DAYS

(Signed) Jos. E. Muse M.D.

Address 855 Columbia ave

Date March 8 1908

Place of Burial St Mary Hampstead

Date March 10 1908

Undertaker Wm. Cook.

Address 502 E. North ave.

WM. J. C. DULANY CO., BALTIMORE.

(SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

58
1908
59
99
1909
2

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended the said deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1913. E Chase St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis C Lautz

{Residence, if in Baltimore, Give Street and Number.} 1913 E Chase

Duration of Residence in Baltimore. Life time C 10242

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH —

AGE 37 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lula Lautz.

(Address) 1913 E Chase

Filed 3/9 1908

HENRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 / 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 / 1908 to March 8 / 1908

that I last saw h... alive on March 5 / 1908.

and that death occurred, on the date stated above, at 11.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus

(DURATION) 21 DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) 3 mos DAYS

(Signed) A. T. Rodan M.D.

Address 1904 E. Fayette St.

Date March 8 1908.

Place of Burial Balto Cemetery

Date March 11 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1303 Glyndon Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie E Freeberger.

{ Residence, if in Baltimore, Give Street and Number. } 1303 Glyndon Ave

C10243

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 19 1862

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Geo Burns.

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) U. S.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Jones.

(Address) 1303 Glyndon Ave

Filed 3/9 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 1908

I HEREBY CERTIFY, That I attended deceased from Jany 1, 1908 to March 8 1908 that I last saw h[illegible] alive on March 7 1908, and that death occurred, on the date stated above, at 10.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pul. Tuberculosis.

(DURATION) 68 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1315 Hollins St

Date March 8, 1908

Place of Burial Int. Olivet

Date March 10. 1908. 1908

Undertaker Wm. Cook.

Address 502 E. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Wallener. Wellener

{Residence, if in Baltimore, Give Street and Number.} 1908 Cromwell St

C10244

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 6th 1848

AGE: 60 years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W C Wellener

(Address) 1908 Cromwell St

Filed 3/9 1908

WILLIAM O. [illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 8, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 22 1908 to March 8 1908 that I last saw h alive on March 8 1908, and that death occurred, on the date stated above, at 11 a.m. P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

12 hrs (DURATION) DAYS

Con'tributory (Primary) Uraemia, Emp-

Sipelas (DURATION) 2 DAYS

(Signed) Eugene L. Pussano M.D.

Address St Joseph's Hosp.

Date March 9, 1908

Place of Burial Baltimore Cemetery

Date March 10th 1908

Undertaker John B. Spence

Address 1325 N. Eutaw, St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C10245

CERTIFICATE OF DEATH.

10

Registered No. B.....

City of Baltimore, (No. 610 St. Mount St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William King

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Mch (Month) 14 (Day) 1821 (Year)

AGE: 86 years, 11 months, 25 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Henry King

BIRTHPLACE OF FATHER (State or country): No Record

MAIDEN NAME OF MOTHER: No Record

BIRTHPLACE OF MOTHER (State or country): No Record

OCCUPATION OF DECEASED: Retired farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E.A. Forsyth

(Address) 610 N. Mount St

Filed Mch 9 1908

JOHN C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 1 1908 to Mch 8 1908

that I last saw him alive on Mch 8 1908,

and that death occurred, on the date stated above, at 9.45 A. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage, General debility as result of Grip.

(DURATION) 8 DAYS

Contributory Grip

(DURATION) 10 DAYS

(Signed) D.M. Cuslman Jr M. D.

Mch 9 1908 (Address) 1505 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Boston Md

DATE OF BURIAL: Mch 10 1908

UNDERTAKER: Geo W Little

ADDRESS: 531 S Fremont

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Wellington L Day

{ Residence, if in Baltimore, Give Street and Number. } 306 E. Fort Ave.

Duration of Residence in Baltimore. 8 years. C10246

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W.

DATE OF BIRTH Dec 23. 1882

AGE 26 years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M—

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER L. J. Day.

BIRTHPLACE OF FATHER (State or country) Frederick Co, Md.

MAIDEN NAME OF MOTHER A. Wilson

BIRTHPLACE OF MOTHER (State or country) Frederick Co Md

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Day

(Address) 306 E Fort ave

Filed March 9th 1908 HENRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 9 1908

I HEREBY CERTIFY, That I attended deceased from Mch 7 1908 to Mch 9 1908

that I last saw h— alive on Mch 9 1908, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever —

(DURATION) 20 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) W W Eaton M.D.

Address Balto City Hospitals

Date Mch 9 1908

Place of Burial Mount Airy Md

Date March 11 1908

Undertaker E. I Fanning

Address 1460 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10247

CERTIFICATE OF DEATH.

(Place of Death.) No. Marlborough Hotel Eutaw Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Montgomery Fleming

{ Residence, if in Baltimore, Give Street and Number. } Marlborough - Apartments Eutaw Place between Baltimore & Lanvale

Duration of Residence in Baltimore. since Oct 15 -

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 2nd 1841

AGE 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Look Haven Pa

FULL NAME OF FATHER Algernon Sidney Fleming

BIRTHPLACE OF FATHER (State or country) Look Haven - Pa

MAIDEN NAME OF MOTHER Lilian Cass Kadden

BIRTHPLACE OF MOTHER (State or country) Flemington Pa

OCCUPATION OF DECEASED Auditor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs G. M. Fleming

(Address) Marlborough Hotel

Filed March 9" 1908 ROBERT G. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to Mch 7th 1908

that I last saw him alive on March 6 1908

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Syncope

(DURATION) ..... DAYS

Contributory (Primary.) Myocarditis

(DURATION) 6 Months DAYS

(Signed) John Buhrman M.D.

Address 839 N Eutaw St

Date March 7 1908

Place of Burial Arlington Cem Fort Myer

Date March 10th 1908

Undertaker H. C. Jenkins Sons Co

Address 2008 E. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1621 John St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward T. Johns

{Residence, if in Baltimore, Give Street and Number.} 1621 John St

Duration of Residence in Baltimore.

C10248

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 31 1822

AGE 85 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Francis Johns

BIRTHPLACE OF FATHER (State or country) France

MAIDEN NAME OF MOTHER Sarah Borgett

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Retired Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elton Conrad

(Address) 1621 Johns St.

Filed March 10 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3 - 8 - 1908

I HEREBY CERTIFY, That I attended deceased from Feb 19 1908 to March 8 1908

that I last saw h[illegible] alive on March 2 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

(DURATION) 2 yrs DAYS

Con'ributory (Primary.) Cardiac exhaustion

(DURATION) DAYS

(Signed) Albert F. Conrey M.D.

Address 1412 Mt Royal ave

Date March 8 Hartford Co 1908

Place of Burial Abingdon Md

Date March 10 1908

Undertaker Wm J. Packer & Son

Address Caroline & Pratt Sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. B & P. Tunnel Balto. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Thos Winfield

{ *Residence, if in Baltimore, Give Street and Number.* } Bowie Md.

C10249

Duration of Residence in Baltimore. Residence Bowie

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	Blk
DATE OF BIRTH	March 8th 1878
AGE	29 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Thomas Winfield
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Priscilla Thomas
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Truck Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Lehutton

(Address) Bowie Md

Filed 3/10 190 8 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 7th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Suppression

Sudden (DURATION) DAYS

Contributory (Primary) accident

(DURATION) DAYS

(Signed) Jas Lehutton M.D.

Address Tuxedo Av. (Bowie)

Date Mar. 9th 1908

Place of Burial Bowie Md

Date March 10th 1908

Undertaker C & F Pfeltz

Address 1711 Md Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death**.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 806 E. Fremont near Fulton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos Williams

{ Residence, if in Baltimore, Give Street and Number. } Bonnie Hall

Duration of Residence in Baltimore.

C10250

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Aug. 15th 1879	
AGE: 28 years, 6 months, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Wm Williams	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Mary A Henry	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Truck Hand	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas L Williams

(Address) Bonnie Md

Filed 3/10 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 7th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Suffocation

Acute Alcoholism (DURATION) ..... DAYS

Contributory (Primary.) Accident (DURATION) ..... DAYS

(Signed) Wm Baldwin M.D.

Address 708 Reg. Ave. (Canton)

Date Mar. 9th 1908

Place of Burial Bonnie Md

Date March 10th 1908

Undertaker A F Shubert

Address 1711 Mad Ave

WM. J. C. DULANY CO., BALTIMORE.

C10231

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 1927 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edward Green

{Residence, if in Baltimore, Give Street and Number.} 1927 Druid Hill av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR col.

DATE OF BIRTH Sept 25 1903

AGE 5 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Morris Green

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Miss Hattie Snowden

BIRTHPLACE OF MOTHER (State or country) Balto. Co.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Hattie Snowden

(Address) 1927 Druid Hill av

Filed 3/10 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 9 1908

I HEREBY CERTIFY, That I attended deceased from Mar 1 1908 to Mar 9 1908 that I last saw him alive on Mar 8 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 8 DAYS

Contributory (Primary) Convulsions (DURATION) 1 DAYS

(Signed) T. E. Daugherty M.D.

Address Presstman & Stricker

Date Balto Mar 9 1908

Place of Burial Mt Auburn

Date March 11th 1908

Undertaker Clarence Wright

Address 1364 N. Carey St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 1134 Argyle Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Wilson

{Residence, if in Baltimore, Give Street and Number.} 1134 Argyle ave.

Duration of Residence in Baltimore. 60 yrs. C 10252

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: G. F. Gaines

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ellen Gaines

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E Smith

(Address) 1134 Argyle Ave

Filed 3/10 1908 per mk.

REGISTRY OF DEATHS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 9 1908.

I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1907 to Mch 9 1908 that I last saw her alive on Mch 8, 1908 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis - 7 days

(DURATION) 4 Mos.

Contributory (Primary) Senility.

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey st

Date March 9, 1908

Place of Burial Mt Auburn Cemetery

Date March 12th 1908

Undertaker Felix B Pye

Address 102 E Madison st.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospitals St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Block

{ Residence, if in Baltimore, Give Street and Number. } (Little Sisters of the Poor Home)

Duration of Residence in Baltimore. 6 yrs

C10253

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 86 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Lot —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Sauer

(Address) 19 S. Chappel St.

Filed 3/10 1908

[illegible] C. ARNOLD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 9 1908

I HEREBY CERTIFY, That I attended deceased from Feb 14 1908 to Mch 9 1908 that I last saw h[illegible] alive on Mch 9 1908, and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

(Gangrene of leg - (A))

(DURATION) — DAYS

Contributory (Primary.) Syph. & Ecl. X

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Balto City Hospitals

Date Mch 9 1908

Place of Burial St. Alphonsus Cem.

Date Mar. 12" 1908

Undertaker Krudell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2016 Division St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grace Thomas

{Residence, if in Baltimore, Give Street and Number.} 2016 Division St.

C10254

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: November 15 1870

AGE: 37 years, 4 months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: George Foote

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Eliza Creek

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alberta Wallace

(Address) 2016 Division St.

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 9th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 9 1908 to March 9 1908

that I last saw h-ed alive on March 8 1908

and that death occurred, on the date stated above, at 430 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Myocarditis

(DURATION) 9 DAYS

Con'ributory (Primary.) Pneumonia

(DURATION) 30 DAYS

(Signed) J. Frederick Leitz M.D.

Address 1345 W. North Ave

Date March 9 1908

Place of Burial Laurel Cemetery

Date Mar. 11" 190 8

Undertaker Alex. J. Gemeley

Address 578 W. Biddle Stret

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto - City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Miller

{Residence, if in Baltimore, Give Street and Number.} 1711 Sherman Place -

Duration of Residence in Baltimore. 10 years. C10255

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B-

DATE OF BIRTH 1

AGE 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Charles Miller

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Annie Miller

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Washington

(Address) 1711 Sherman Place

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7 1908

I HEREBY CERTIFY, That I attended deceased from Mch 5 1908 to Mch 7 1908

that I last saw h- alive on Mch 7 1908,

and that death occurred, on the date stated above, at 8 45

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia -

(DURATION) 1/4 DAYS

Con'ributory (Primary.) Exhaustion.

(DURATION) 7 DAYS

(Signed) W W Baker M.D.

Address Balto City Hosp.

Date Mch 7 1908

Place of Burial Cope yard King George Co. Va

Date March 11" 1908

Undertaker Alex. Bernstein.

Address 678 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 525 Hickory Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza Jane Beck

{ Residence, if in Baltimore, Give Street and Number. } 525 Hickory Ave

Duration of Residence in Baltimore. 26 years C 10256

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 11th 1839

AGE: 68 years, 9 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Elias Bowen

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Charlotte Carter

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Beck

(Address) 525 Hickory Ave

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8th 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to March 8th 1908 that I last saw h[er] alive on March 8th 1908, and that death occurred, on the date stated above, at 2.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary edema

(DURATION) 2 DAYS

Contributory (Primary.) Bronchiectasis

+ Ved. Disease (DURATION) DAYS

(Signed) [illegible] M.D.

Address 3343 Chestnut Ave

Date September 10 1908

Place of Burial St. Mary's Hampden

Date March 10 1908

Undertaker Horace Burgess

Address 3136 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

1113

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Jennie Fitzpatrick

{ Residence, if in Baltimore, Give Street and Number. } 1308 John Street — C 10257

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: 1

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Herman McConnell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Anderson

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H McConnell

(Address) 1308 John St

Filed ... 190 ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9 1908

I HEREBY CERTIFY, That I attended deceased from March 5 1908 to March 9 1908

that I last saw h[illegible] alive on March 9 1908,

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholemia

(DURATION) 2 DAYS

Contributory (Primary) Empyema Gall Bladder

Cholelithiasis (DURATION) —— DAYS

(Signed) Geo H Fleming M.D.

Address St Joseph Hospital

Date March 9 1908

Place of Burial Holy Cross

Date March 11 1908

Undertaker Woodcock

Address 502 E North Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the ting the burial, a certificate ting forth, as far as the same can be n he ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

C10258

CERTIFICATE OF DEATH.

130

(Place of Death.) No. 726 N Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Collis Reed

{Residence, if in Baltimore, Give Street and Number.} 726 N Pratt St

Duration of Residence in Baltimore. 12 yrs

C10258

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 14 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Benj. Reed

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Mary E Seifert

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Reed

(Address) 726 N Pratt

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 8 1908

I HEREBY CERTIFY, That I attended deceased from Mar 2 1908 to Mar 8 1908

that I last saw her alive on Mar 8 1908,

and that death occurred, on the date stated above, at 10 30 a m. CAUSE OF DEATH (Secondary or Immediate)

Heart Collapse

(DURATION) 12 hrs

Contributory (Primary.) Influenza and Pneumonia

(DURATION) 6 DAYS

(Signed) Harry Boyd M.D.

Address 602 Columbia

Date Mar 9 1908

Place of Burial Western

Date March 11 1908

Undertaker Wm Cook

Address 520 E Madison

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 923 Donnelly's Court No. 1 St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Viola James

{Residence, if in Baltimore, Give Street and Number.} 923 Donnelly Ct.

C10259

Duration of Residence in Baltimore. 8 month.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1903

AGE 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Jacob James

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Hattie Brown.

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stella College

(Address) 921 Donnelly Ct.

Filed

190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7, 1908

I HEREBY CERTIFY, That I attended deceased from March 2, 190 8 to March 7 190 8

that I last saw h[illegible] alive on March 6 190 8,

and that death occurred, on the date stated above, at 11 9. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) P. E. Lilly M.D.

Address 900 Cumberland St

Date March 7 1908

Place of Burial Zion Cemetery Jovenston Md

Date March 10 1908

Undertaker R. T. Elliott

Address 506 Hagerstown Ave

WM. J. C. DULANY CO., BALTIMORE.

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 2427 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Gutemann

{Residence, if in Baltimore, Give Street and Number.} 2427 Jefferson st

C 10260

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: October 26 1872

AGE: 35 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: P. Gutmann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Thrise Strenzer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Market Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/10 1908 CLERK OF ARRANDS, PARKS CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8th 1908

I HEREBY CERTIFY, That I attended deceased from March 6th 1908 to March 8th 1908 that I last saw him alive on March 8th 1908 and that death occurred, on the date stated above, at 12 17 A. M. CAUSE OF DEATH (Secondary or Immediate)

Spinal Meningitis Cerebro

(DURATION) 4 DAYS

Con'tributory (Primary) Lagrippe Int. —

(DURATION) 6 DAYS

(Signed) C. F. Scudder M.D.

Address 2 S. Patterson Park Ave

Date March 8th 1908

Place of Burial Holy Redeemer Cemetery

Date MAR 11 1908 190

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

107

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 10261

Registered No. B

City of Baltimore, (No. 1028, Carlton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amy Skinner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Isaac Gardner

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Jumpy Skinner

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Skinner

(Address) 1028 Carlton St

Filed ..... 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 8th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 6th 1908 to March 8th 1908 that I last saw her alive on March 5th 1908, and that death occurred, on the date stated above, at 8.15 A. M. The CAUSE OF DEATH was as follows:

Obstruction

Peritonitis (DURATION) DAYS

Contributory Septic Emia. (DURATION) DAYS

(Signed) Geo. H. Lauterbach M. D.

March 9th 1908 (Address) 635 Mosher St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Easton Md	3-10 1908
UNDERTAKER	ADDRESS
R. A. Elbert	516 Rogers

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1736 E Madison St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Stein

{ Residence, if in Baltimore, Give Street and Number. } 1736 E Madison

Duration of Residence in Baltimore... Life time

C 10262

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 23. 1906

AGE: 1 years, 4 months, 15 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Wm D Stein

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Soda Hardcastle

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm D Stein

(Address) 1736 E Madison

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9 1908

I HEREBY CERTIFY, That I attended deceased from Feby 16 1908 to March 9 1908

that I last saw her alive on March 8 1908,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Meningites

..... (DURATION) ..... DAYS

Contributory (Primary.) Coma

..... (DURATION) ..... DAYS

(Signed) Alex A Lazzle M.D.

Address 727 N Broadway

Date 3/9/08 190

Place of Burial Easton Burying ground Belair Road

Date March 10 1908

Undertaker J Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 108 Millington La. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Webb

{Residence, if in Baltimore, Give Street and Number.} 108 Millington La.

Duration of Residence in Baltimore. Lifetime C10263

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 4th 1827

AGE: 80 years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William Webb

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Hannah Phelan

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L D. Brown

(Address) Irvington Balto Md

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 7th 1908

I HEREBY CERTIFY, That I attended deceased from March 4th 1908 to March 7th 1908

that I last saw him alive on March 7th 1908,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Disease of Heart

Only Complained very much about (DURATION) 22 DAYS

Contributory (Primary.) Was supposed to have had an attack of Grippe (DURATION) 22 DAYS

(Signed) John G. Holliday M.D.

Address 714 Park Ave

Date March 9th 1908

Place of Burial Loudon Park

Date Mar 10 1908

Undertaker W. A. Tschudy & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

50

CERTIFICATE OF DEATH. C10264

Registered No. B.....

City of Baltimore, (No. 322, Stiles St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosanna Gurley

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1844 Year

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Gurley

(Address) 322 S Stiles St

Filed 3/10 1908 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 31 1907 to March 7 1908

that I last saw h.. alive on March 7 1908,

and that death occurred, on the date stated above, at 11.40 P. M. The CAUSE OF DEATH was as follows:

Suffocation from Pulmonary Edema
due to Chronic Interstitial Nephritis

..... (DURATION) ..... DAYS

Contributory Empyema (dy) right Lung and
Diabetes Mellitus (DURATION) 54 DAYS

(Signed) E. W. Brann M. D.

March 8 1908 (Address) 400 Harrison St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Cedar Hill | DATE OF BURIAL: Mar 11 1908

UNDERTAKER: H. J. Tuckers Sons | ADDRESS: 425 W Lanvale

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 N Fulton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elezabeth A Benton

{ Residence, if in Baltimore, Give Street and Number. } 622 N Fulton ave

Duration of Residence in Baltimore. Lifetime

C 10265

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 2 1842

AGE 65 years, 6 months, 5 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Benjamin Benton

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Hester J Leary

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah C Geddes

(Address) 622 N Fulton Ave

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 7th 1908

I HEREBY CERTIFY, That I attended deceased from Feby 20 1908 to Mar 7 1908 that I last saw her alive on Mar 7 1908, and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pleuro-Pneumonia

(DURATION) 18 DAYS

(Signed) Thomas Busby M.D.

Address 1701 Hollins St

Date Mar 9 1908

Place of Burial Loudon Park

Date March 10 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

C10266

CERTIFICATE OF DEATH.

174

(Place of Death.) No. B & P. Tunnel near Johns St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edwd. Johnson

{Residence, if in Baltimore, Give Street and Number.} 1142 Vincent Ave

C10266

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1868

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Lothe Johnson

(Address) 1142 Vincent Ave

Filed 3/10 1908

HARRY C. WILLIAMS, REGISTRY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 7th 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

... M. CAUSE OF DEATH (Secondary or Immediate)

Suppocation by gas & smoke

in atonally (DURATION) ... DAYS

Contributory (Primary.) Accident

(DURATION) ... DAYS

(Signed) Silas Baldwin M.D.

Address 709 Log. av. (County)

Date Mar. 10th 1908

Place of Burial Laurel Cem

Date March 11 1908

Undertaker Saml H. Gusseton

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1505 Pennsylvania St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Riley

{Residence, if in Baltimore, Give Street and Number.} 1505 Pennsylvania ave

Duration of Residence in Baltimore. Life

C10267

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Aug. 5th 1907

AGE: ..... years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Riley

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Ora Bell

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ora Riley

(Address) 1505 Pennsylvania ave.

Filed 3/10 1908

[illegible] CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 9th 1908

I HEREBY CERTIFY, That I attended deceased from .....1908..... to .....1908.....

that I last saw h..... alive on .....1908.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Meningitis

from Birth (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Allan Baldwin M.D.

Address 700 Eag. Ave, Towson, Md.

Date Mar. 9th 1908

Place of Burial Laurel Cem

Date March 10 1908

Undertaker Wm. H. Blanchard

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 807 Pierce St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lizzie D. Bailey

{ Residence, if in Baltimore, Give Street and Number. } 807 Pierce St

C 10268

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Apl 1 1877

AGE 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Asbury Williams

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Martha Byrne

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Woman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur Williams

(Address) 807 Pierce St

Filed 5/10 1908 HARRY C. ARGERSINGER PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 1908

I HEREBY CERTIFY, That I attended deceased from June 1907 to March 8 1908 that I last saw her alive on March 7 1908, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

8 mos (DURATION) DAYS

Contributory (Primary.) Anaemia

2 mos (DURATION) DAYS

(Signed) V L Norwood M.D.

Address 939 W Fayette St

Date March 7 1908

Place of Burial Int Auburn Cemetery

Date March 11 1908

Undertaker Geo H Hooper

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10269

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C10269

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

99

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2014, Huntsal St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Bell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Bell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Louisa Bell

(Address) .....

Filed 3/10 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 8th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 22d 1908 to Mar 8th 1908

that I last saw h.im alive on March 7th 1908,

and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Pulmonary hemorrhage

(DURATION) 16 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) W. H. Pearce M. D.

Mar 8th 1908 (Address) 2105 Eden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ✓ Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Rosemont Va

DATE OF BURIAL: March 10 1908

UNDERTAKER: Wm H Harper

ADDRESS: 609 Little Pac

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C10270 OFFICE OF REGISTRAR OF VITAL STATISTICS. C10270

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 322 S Dallas St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Wilmore

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Cal

DATE OF BIRTH ..... (Month) 1 (Day) ..... Year)

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) ~

FULL NAME OF FATHER ~

BIRTHPLACE OF FATHER (State or country) ~

MAIDEN NAME OF MOTHER ~

BIRTHPLACE OF MOTHER (State or country) ~

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Wilmore

(Address) 322 Dallas St

Filed 3/10 1908

HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ~ 190 to ~ 190

that I last saw h ~ alive on ~ 190 ,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Thomas Sudler Capn M. D.

190 (Address) 320 ½ Greene

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Auburn Cem | DATE OF BURIAL March 11 1908

UNDERTAKER Theodore White | ADDRESS

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

61

CERTIFICATE OF DEATH.

Registered No. B 10271

City of Baltimore, (No. 3 S. Fulton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hilda Maria Muth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept (Month) 4 (Day) 1906 (Year)

AGE: 1 years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Jos. A. Muth

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Margaret Kuhl

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Jos. A Muth

(Address) 3 S Fulton Ave

Filed 3/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 25 1908 to Mch 9 1908 that I last saw h[illegible] alive on Mch 9 1908, and that death occurred, on the date stated above, at 6-30 A.M. The CAUSE OF DEATH was as follows:

Duration, Meningitis

(DURATION) 12 DAYS

Contributory Convulsions (DURATION) 8 hours DAYS

(Signed) W. A. Fenn M. D.

Mch 9 1908 (Address) 12 E 25th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: 3/11 1908

UNDERTAKER: Crowley Bros | ADDRESS: 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

65

(Place of Death.) No. 3110 O'Donnell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Malone

{ Residence, if in Baltimore, Give Street and Number. } 3110 O'Donnell St.

Duration of Residence in Baltimore. 40 years C 10272

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Michael Feury

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Kelly

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Malone

(Address) 3110 O'Donnell St

Filed 3/10 1908.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6, 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1908 to March 6, 1908

that I last saw h alive on March 6, 1908,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Fibroid Lungs

(DURATION) 33 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.,

Address [illegible]

Date March 10, 1908.

Place of Burial Holy Cross Cem

Date March 11 1908

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Minna Geyer

{ Residence, if in Baltimore, Give Street and Number. } 2401 Linden Ave

C10273

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 4 1836

AGE: 72 years, 9 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: F. Wehrkamp

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helene Geyer.

(Address) 2401 Linden Ave

Filed 3/10 1908. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 9, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1908 to March 9, 1908 that I last saw h er alive on March 9, 1908, and that death occurred, on the date stated above, at 1.15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Uraemia - Bright's disease

.....(DURATION)..... DAYS

Con tributory (Primary.) Carcinoma of Sigmoid

.....(DURATION)..... DAYS

(Signed) Peregrine Wroth, Jr., M.D.

Address Union Prot. Inf.

Date March 9, 1908

Place of Burial Greenmount

Date March 11th 1908

Undertaker W. W. Jenkins & Sons Co

Address 300 N. Gaudison St

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name George Washington

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asylum

Duration of Residence in Baltimore. Lifetime

C10274

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mo. | COLOR: W.

DATE OF BIRTH: February 8 1908

AGE: ..... years, ... months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy

(Address)

Filed 3/10 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 8 1908 that I last saw h.. alive on " " 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) 15 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fowler M.D.

Address 9-6 Bartels St.

Date March 9 1908

Place of Burial New Cathedral

Date March 10 '08 1908

Undertaker Martin Fahey and Son.

Address 636 Lafayette Ave

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name (81) Carita Upp.

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf. Asy.

C 10275

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH February 20 1908

AGE ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant St Vincents Inf. Asy

(Address)

Filed 3/10 1908 [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 8 1908

that I last saw h alive on " " 1908

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 15 DAYS

Con'tributory (Primary)

(DURATION) ..... DAYS

(Signed) J. S. Fisher M.D.

Address 96 E. Fayette St.

Date March 9 1908

Place of Burial Mt. Cathedral

Date March 10 1908

Undertaker Martin Feeley and Son

Address 416 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lawrence Wilson

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy.

Duration of Residence in Baltimore. Lifetime

C 10276

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH Feb. 27 1906

AGE ..... years, ... months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy.

(Address)

Filed 3/10 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 8 1908

that I last saw him alive on " 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Confinted Debility

(DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. E. Fischer M.D.

Address 9 E Biddle St.

Date March 9 1908

Place of Burial New Cathedral

Date March 10 1908

Undertaker Martin Gaffney & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

C10277

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 631 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles C. Martin

{ Residence, if in Baltimore, Give Street and Number. } 631 N. Castle St.

Duration of Residence in Baltimore. Life time C10277

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 10th 1885

AGE: 23 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Balthaser Martin

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Amelia Simon

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Martin

(Address) 631 N. Castle St

Filed 3/10 1908 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 10th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28th 1907 to March 10th 1908

that I last saw h— alive on March 7th 1908 6.30

and that death occurred, on the date stated above, at 6—

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Phthisis Pulmonalis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John L. Polk M.D.

Address #936 E. Monument St

Date March 10th 1908

Place of Burial Oak Lawn Cem

Date 3/12/08 190—

Undertaker J. Henry & Son

Address 1008 Adams St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

104

C10278

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 18 Montebello Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Francis Pohler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April (Month) 1 (Day) 1863 (Year)

AGE: 45 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore County

FULL NAME OF FATHER: Edward C Fortmeyer

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Susana Simmons

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Pohler

(Address) 18 Montebello Ave

Filed 3/10 1908 HENRY O. HARRIS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 3/9/08 (Month) (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from 2/3 1908 to 3/9/1908, that I last saw h[illegible] alive on 3/4/1908, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Chronic Gastritis

7 Months (DURATION) DAYS

Contributory Exhaustion and Insanity (DURATION) DAYS

(Signed) H S Grouse M. D.

3/9 1908 (Address) 601-E. 22nd

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Mount Carmel Cem. DATE OF BURIAL: March 11 1908

UNDERTAKER: A. Fink & Son ADDRESS: 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

154

Place of Death.) No. 120 S. Lacey St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Elizabeth Gutman

{ Residence, if in Baltimore, Give Street and Number. } 120 S. Lacey st

C10279

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Miller

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Miller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 N. Lombard st

Filed 3/10 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 9 1908

I HEREBY CERTIFY, That I attended deceased from Mar 1 1908 to Mar 9 1908 that I last saw h[illegible] alive on Mar 9 1908, and that death occurred, on the date stated above, at 8 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Intussusception of old age

(DURATION) 8 DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) J. L. Baund M.D.

Address 1302 W. Lombard st

Date Mar 9 1908

Place of Burial Western

Date Mar 11th 1908

Undertaker John J. Fields

Address 1200 N. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C10280

64

(Place of Death.) No. City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William H. Johnson

{ Residence, if in Baltimore, Give Street and Number. } 110 E. Randall st.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 58 years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm H Johnson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary E Roberts

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie M Johnson

(Address) 110 E Randall

Filed 3/10 1908 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 9 1908

I HEREBY CERTIFY, That I attended deceased from Mar 6 1908 to Mar 9 1908

that I last saw h — alive on — 190—

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(Duration (2) hours)

(DURATION) — DAYS

Con'ributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. D Hayden M.D.

Address 1216 N Caroline st.

Date March 10th 1908

Place of Burial CEDAR HILL.

Date MAR 12 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Doggett

{ Residence, if in Baltimore, Give Street and Number. } 914 N Caroline Ave

C10281

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 59 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Wm C. Doggett

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Lizzie Chenoweth

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED Night Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Norman

(Address) 914 N. Caroline

Filed 3/10 1908 HARRY C. ARNETT, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 9 1908

I HEREBY CERTIFY, That I attended deceased from Mch 9 1908 to Mch 9 1908 that I last saw h[e] alive on Mch 9 1908, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) — DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) W H Eaker M.D.

Address Balto City Hospitals

Date Mch 9 1908

Place of Burial Greenmount

Date Mar 11 1908

Undertaker Robt J Turner

Address 1727 Ruxton

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

174

(Place of Death.) No. B & P. Tunnel near Johns St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John C. Rowlins

{ Residence, if in Baltimore, Give Street and Number. } Hannans Rd

C10282

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 29th 1875

AGE: 32 years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm. Rowlins

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Fitzgerrman

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aza Downs

(Address) Hannans

Filed 3/11 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 7th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Suppreation by gas and throat

(DURATION) ..... DAYS

Contributory (Primary.) Accident

Kidney implicated (DURATION) ..... DAYS

(Signed) Alan Baltzinger Corner M.D.

Address 700 Logo. Av.

Date Nov 10th 1908

Place of Burial Cedar Hill Cem

Date Nov 11. 1908

Undertaker W. J. Tinsley & Son

Address Caroline & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

C10283

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 245 Canal alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ephriam Dorsey

{Residence, if in Baltimore, Give Street and Number.} 245 Canal alley.

Duration of Residence in Baltimore. Life

C10283

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Samuel Dorsey

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Priscilla Dorsey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam Webb

(Address) 245 Canal al

Filed 3/11 1908

HENRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 1908

I HEREBY CERTIFY, That I attended deceased from March 3 1908 to March 8 1908

that I last saw h alive on March 8 1908

and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) 5 DAYS

(Signed) W. W. Brown M.D.

Address Md Gen. Hosp

Date March 9, 1908

Place of Burial Mt Auburn

Date March 11 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1015 Jenkins ct St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Irving Carlton Smoot

{Residence, if in Baltimore, Give Street and Number.} 1015 Jenkins ct.

Duration of Residence in Baltimore. 21 months

C 10284

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: June 6, 1906

AGE: 1 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Isaac Irvin Smoot

BIRTHPLACE OF FATHER (State or country): South Carolina

MAIDEN NAME OF MOTHER: Lena Frances Smoot

BIRTHPLACE OF MOTHER (State or country): Balto. Co.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Mother)

(Informant) Lena Frances Emmanuel

(Address) 1015 Jenkins ct.

Filed 3/11 1908 HENRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 9 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 3 1908 to Feb. 20 1908 that I last saw him alive on Feb. 20 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Florida

(DURATION) 3 months DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. A. Roberts M.D.

Address 1711 Madison ave

Date March 10 1908

Place of Burial Mt. Auburn

Date March 11 1908

Undertaker R. F. Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 712 Fyson St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Carter

{Residence, if in Baltimore, Give Street and Number.} 712 Fyson St C10285

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 19 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. md

FULL NAME OF FATHER: Champion Carter

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Georgeanna Pendleton

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgeanna Carter

(Address) 712 Fyson St

Filed 3/11 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 — 1907 to March 9 1908

that I last saw h er alive on March 9 1908

and that death occurred, on the date stated above, at 11-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthma

(DURATION) 1 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 6 months

(Signed) Chas. J. Keller M.D.

Address 222 W Monument St

Date March 10 1908

Place of Burial Mt Auburn

Date Mch 12 1908

Undertaker R. A. Elliott

Address 516 Rogers ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1311 Lytton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Matilda Champion

{Residence, if in Baltimore, Give Street and Number.} 1311 Lytton St

C 10286

Duration of Residence in Baltimore. 26 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR C
DATE OF BIRTH	1
AGE	60 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	North Carolina
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	North Carolina
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Atkins

(Address) 1129 W Saratoga St

Filed 3/11 1908

NANCY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10 1908

I HEREBY CERTIFY, That I attended deceased from March 10 1908 to March 11 1908

that I last saw her alive on March 10 1908

and that death occurred, on the date stated above, at 9 9 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Croupous Pneumonia (DURATION) 3 DAYS

(Signed) John E Hudd M.D.

Address 649 W Lafayette Ave

Date March 11 1908

Place of Burial Mt Auburn

Date March 12 th 1908

Undertaker Hammett & Wright

Address 1364 W Baltimore St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

74

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Brown

{ Residence, if in Baltimore, Give Street and Number. } 516 S Paca st

Duration of Residence in Baltimore. 2 yr

C 10287

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 40 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Lazarus Wolpe

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ethel Wolpe

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Wolpe

(Address) 516 S Paca st

Filed 3/11 1908 Mary C. Addams, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 10th 1908

I HEREBY CERTIFY, That I attended deceased from Mar 9 1908 to Mar 11th 1908

that I last saw her alive on Mar 11th 1908,

and that death occurred, on the date stated above, at 2.15 a m. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 2 DAYS

Contributory (Primary.) Tumor of Brain (DURATION) 26 DAYS

(Signed) Edward Boeckel M.D.

Address Hebrew Hospital

Date Mar 10th 1908

Place of Burial Helena Henry Run

Date March 12 1908

Undertaker May Levin

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eight* hours after death, to the Undertaker, or other person superintending the burial, as far as can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE. 27

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C10283

Registered No. B

City of Baltimore, (No. House of The Good Shepherd St. or Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella Moore

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dont Know (Month) 1 (Day) Year)

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Penn^a

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Sewing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sisters Of The Good Shepherd

(Address) Mount St Hollins

Filed 3/11 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 10th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 1907 to March 1908 that I last saw h er alive on March 8 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Pulmonary Consumption

One Year or More (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) E. J. McMahon M. D.

190 (Address) 115 N Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Peters Cem — DATE OF BURIAL: Mar. 11, 1908

UNDERTAKER: J. J. Foley — ADDRESS: 1102 W. [illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1008 E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ann G. Casey

{Residence, if in Baltimore, Give Street and Number.} 1008 E. Preston St.

C 10289

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1837

AGE: 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Casey

(Address) 1008 E. Preston St.

Filed 3/11 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 10. 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 23. 1908 to Mar. 10 1908 that I last saw h[er] alive on Mar. 10 1908 and that death occurred, on the date stated above, at 2.30 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) 24 hours DAYS

Contributory (Primary.) Mitral regurgitation (DURATION) 6 mos DAYS

(Signed) Mary F. Voegtlein M.D.

Address 1025 Valley St.

Date Mar. 10. 1908

Place of Burial Holy Cross Cemetery

Date March 13" 1908

Undertaker Chas. E. Evans

Address 118+120 W. Mt. Royal Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Love

{Residence, if in Baltimore, Give Street and Number.} Woodlawn Balto. Co.

C10290

Duration of Residence in Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 22 1868
AGE	40 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	George Love
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Elizabeth Steinel
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. S. Marshall

(Address) 3539 Falls Road

Filed 8/11 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 10th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or immediate)

Stomach internal in — jimio

(DURATION) 1 DAY

Contributory (Primary.) Accident. Run on by his wagon (DURATION) DAYS

(Signed) Wm Baldwin M.D.

Address 710 Leg. av., Town

Date Mar. 11th 1908

Place of Burial Mt Olivet Balto Co Md

Date May 12 1908

Undertaker A. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

C10291

CERTIFICATE OF DEATH.

C10291

(Place of Death.) No. 213 N Bethel St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Wiegand

{Residence, if in Baltimore, Give Street and Number.} 213 N Bethel St

Duration of Residence in Baltimore. 58 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 21 1822

AGE: 87 years, 11 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Wiegand

(Address) 213 N Bethel St

Filed 3/11 1908.

MARY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10" 1908

I HEREBY CERTIFY, That I attended deceased from Mch 8 1908 to Mch 10 1908 that I last saw her alive on Mch 9 1908 and that death occurred, on the date stated above, at 7.40 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchopneumonia

(DURATION) 4 DAYS

Con'ributory (Primary.)

Heart failure (DURATION) 4 DAYS

(Signed) Howard A. Stokes M.D.

Address 1914 Bullitt St

Date Mch 10" 1908

Place of Burial Mt Auburn Cemetery

Date March 13 1908

Undertaker Louis Heumann

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Jones

{Residence, if in Baltimore, Give Street and Number.} 412 Pine St

C 10292

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: B

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): Wash D C.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/11 1908 HARRY C. [illegible], Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 8 1908

I HEREBY CERTIFY, That I attended deceased from Dec 01 1907 to Mch 8 1908

that I last saw h[illegible] alive on Mch 8 1908, and that death occurred, on the date stated above, at 5.10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Miliary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

Syphilis (DURATION) — DAYS

(Signed) H H Eskew M.D.

Address Balto City Hospital

Date Mch 9 1908

Place of Burial JOHNS HOPKINS HOSPITAL MAR 10 1908

Date 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

151

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Susie Green

{ Residence, if in Baltimore, Give Street and Number. } 320 S Bethel St.

C10293

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk.

DATE OF BIRTH March 6 1908

AGE — years, — months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Herbert Green

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Susie Matthews

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 8 1908

I HEREBY CERTIFY, That I attended deceased from March 6 1908 to March 8 1908

that I last saw h— alive on " " 1908,

and that death occurred, on the date stated above, at 3 p. m. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

(DURATION) 2 DAYS

Contributory (Primary.) Premature Birth

(DURATION) DAYS

(Signed) W O Pancoast M.D.

Address John Hopkins Hosp

Date Mar - 8 cts 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date Mar 10 1908

Undertaker Commissioner Health,

Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

53

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C10294

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Taylor

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lazar Hollyday Bay

(Address)

Filed 3/11 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9 1908

I HEREBY CERTIFY, That I attended deceased from March 8 1908 to March 9 1908 that I last saw h~~is~~ alive on March 9 1908, and that death occurred, on the date stated above, at 12 ~~P.~~ A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date March 9 1908

Place JOHNS HOPKINS HOSPITAL

Date 11 10 1908

Undertaker Geo Thompson

Address 1805 Hope St

FOR ANATOMICAL PURPOSES.

53

W. J. C. DULANY CO. BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Vrzska —

{ Residence, if in Baltimore, Give Street and Number. } Immigrant

C10295

Duration of Residence in Baltimore. 1 day

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR W.
DATE OF BIRTH 1	
AGE 3 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED S.	
BIRTHPLACE (State or country) Hungary —	
FULL NAME OF FATHER —	
BIRTHPLACE OF FATHER (State or country) —	
MAIDEN NAME OF MOTHER —	
BIRTHPLACE OF MOTHER (State or country) —	
OCCUPATION OF DECEASED Child	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher & Co.

(Address) 5 S. Gay St.

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 11 190 8

I HEREBY CERTIFY, That I attended deceased from Dec 21 190 8 to Mch 11 190 8 that I last saw h[illegible] alive on Mch 11 190 8, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Syphilis

(DURATION) — DAYS

(Signed) [signature] M.D.

Address Balto City, Md.

Date Mch — 11 — 190 8

Place of Burial Evangelical Cemetery

Date March 12th 190 8

Undertaker H. Sander Sons.

Address 1310 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 611 S. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Jones McWilliams

{Residence, if in Baltimore, Give Street and Number.} 611 S Luzerne St.

C10296

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 4 1908

AGE: ..... years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James McWilliams

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Emilie J. Hulse

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James McWilliams

(Address) 611 S. Luzerne St.

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 9 1908

I HEREBY CERTIFY, That I attended deceased from March 8 1908 to March 8 1908

that I last saw him alive on March 8 1908,

and that death occurred, on the date stated above, at 830 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Bronchitis

(DURATION) DAYS

(Signed) A. L. Long M.D.

Address 2729 E. Lanvale Ave

Date March 9 1908

Place of Burial Mt. Carmel Cemetery

Date March 11 1908

Undertaker A. Sander & Son

Address 1710 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

C10297

Registered No. B

City of Baltimore, (No. 106, Market Space St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Manuel Coscia

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH ..... 1 (Month) (Day) Year)

AGE ..... years, 9 months, 2 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ S.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Emanuel Coscia

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Marg. Bassett

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. A. Roberta

(Address) 217 President St.

Filed 3/11 1908

NAME OF ATTENDING PHYSICIAN PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 4 1908 to March 10 1908

that I last saw h~~im~~ alive on March 10 1908.

and that death occurred, on the date stated above, at 8 45 ~~M~~. The CAUSE OF DEATH was as follows:

Capillary Bronchitis

(DURATION) 6 DAYS

Contributory Scarlet Fever

(DURATION) DAYS

(Signed) H. G. Barrett M. D.

March 11 1908 (Address) 1631 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL St. Vincent Cem. DATE OF BURIAL Mar. 11 1908

UNDERTAKER Kendall Lippel Bro ADDRESS 330 S. Bond St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles F. Diergon

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. Life

C 10298

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Dietrick Diergon

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Christina Artman

BIRTHPLACE OF MOTHER (State or country) German

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holly

(Address) BAY VIEW ASYLUM

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6 1908

I HEREBY CERTIFY, That I attended deceased from Feby 11th 1908 to Mch 6 1908

that I last saw h[illegible] alive on Mch 6 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 2 DAYS

Contributory (Primary) Abscess of Spine

(DURATION) 5 DAYS

(Signed) J. H. Phillips M.D.

Address Bayview Asylum

Date March 6th. 1908

Place of Burial Loudon Park Cem

Date Mch 11th 1908

Undertaker Jos. D. Cook

Address 100 3rd Balto St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificat ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1009 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Klavanski

{ Residence, if in Baltimore, Give Street and Number. } 1009 E. Fayette st

Duration of Residence in Baltimore. 16 yrs

C10299

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 33 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Benjamin Reedy

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mary Klavanski

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Reedy

(Address) 1009 E Fayette st

Filed 3/11 1908

HARRY C. ANDREES, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10th 1907 to March 11 1908

that I last saw h[illegible] alive on March 10th 1908 at 4 10

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Phthisis Pulmonalis

(DURATION) 281 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Ernest Altdrew M.D.

Address 258 Aisquith

Date March 12 1908

Place of Burial Hebrew (Pikesville Rd) ~~Laurel Park Cemetery~~

Date March 12, 1908

Undertaker May Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person easel, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

54

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16300

City of Baltimore, (No. 1303 Linden ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Stevens Tyler.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Nov. (Month) 14 (Day) 1842 (Year)

AGE: 66 years, 3 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: G K Tyler

BIRTHPLACE OF FATHER (State or country): Conn

MAIDEN NAME OF MOTHER: Susan Banerft

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Jas E Tyler

(Address) 1303 Linden ave

Filed 3/11 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 24 1908 to Mar 10 1908 that I last saw h-r alive on Mar 10 1908, and that death occurred, on the date stated above, at 10.20 a. m. The CAUSE OF DEATH was as follows:

Pernicious Anaemia.

years. (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) James C. Clarke M. D.

Mar 11 1908 (Address) 1701 Mad. Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Green Mound

DATE OF BURIAL: March 12 1908

UNDERTAKER: E M Mitchell

ADDRESS: 1420 N Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St Jacobs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Hunter

{ Residence, if in Baltimore, Give Street and Number. } 835 Linden Ave

C 10301

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH ..... 1 .....

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Lynchburg Va.

FULL NAME OF FATHER Henry E Edward

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary E Johnson

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Janitress.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. H. Hunter.

(Address) 835 Linden Ave

Per M.C.C.

Filed 3/11 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to Mar 9 1908

that I last saw her alive on Mar 9 1908

and that death occurred, on the date stated above, at 9.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Cardiac Dilitation

(DURATION) DAYS

Con'tributory (Primary.) Endocarditis several years

(DURATION) DAYS

(Signed) H Y Hughton M.D.

Address St Jacobs Hospital

Date March 10th 1908

Place of Burial Mt Auburn Cemetery

Date March 12th 1908

Undertaker Felix B Pye.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 10 E. Church St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H. Mapp

Residence, if in Baltimore, Give Street and Number. 10 E. Church St.

C 10302

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John H Mapp

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Henritta Tolson

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Mapp Sr

(Address) 10 E. Church St

Filed 3/11 1908

HARRY C. ARNOLD, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 10 /08 190

I HEREBY CERTIFY, That I attended deceased from March 9 /08 190 to M'ch 10/08 190

that I last saw him alive on Mch. 9/08 190,

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 7 DAYS

Con'ributery (Primary) Convulsions

(DURATION) 1 hour DAYS

(Signed) E. D. Alles M.D.

Address #915 Light St.

Date March 10 /08 190

Place of Burial Mt. Auburn

Date March 12th 1908

Undertaker G. L. Brown

Address 10 W Monroe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH. C10303 79

(Place of Death.) No. 132 Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Gallion

{ Residence, if in Baltimore, Give Street and Number. } Same

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ——— 1

AGE: 61 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Joseph Roberts

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Catherine Lewis

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence E. Johnson

(Address) 134 E. Gilmor St

Filed 3/11 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9 — 1908

I HEREBY CERTIFY, That I attended deceased from July 1907 to Nov 1 1908 that I last saw h[illegible] alive on Nov. 6 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthma & Valvular disease of heart

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. W. Bayne M.D.

Address 1228 N. Charles

Date Nov. 11 1908

Place of Burial Mt. Olivet

Date [illegible] 190

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C16304

City of Baltimore, (No. 1616 Druid Hill St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Thomas Dixon

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: William H Dixon

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Laura Wilkins

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Burdette Dixon

(Address) 1616 Druid Hill ave

Filed 3/11 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 9th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 6th 1908 to Mar 9th 1908 that I last saw him alive on Mar 9th 1908, and that death occurred, on the date stated above, at 9.45 P M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis & acute Nephritis

about 5 weeks (DURATION) DAYS

Contributory Uremia

(DURATION) 2 DAYS

(Signed) L Atchinson M. D.

March 9th 1908 (Address) 1920 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Mar 12 1908

UNDERTAKER: John H Toadvine — ADDRESS: 142 W. Hill

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1112 Hanbert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Teodora Owsik (OWSIK)

{ Residence, if in Baltimore, Give Street and Number. } 1112 Hanbert St

Duration of Residence in Baltimore. Life

C10305

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH 9 March 1908

AGE / years, / months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Sigmund Owsik

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Valentina Jankolski

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephan Furman

(Address) 1104 Hanbert

Filed 3/11 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 March 1908

I HEREBY CERTIFY, That I attended deceased from 10th March 1908 to 10th March 1908

that I last saw h cr alive on 10 March 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

7½ Months

(DURATION) DAYS

Contributory (Primary) Inanition

(DURATION) DAYS

(Signed) James Cooper M.D.

Address 1322 Hull St

Date 11 March 1908

Place of Burial ~~St. Hedwigs Cemetery~~

Date MAR 11 1908 190

Undertaker M. F. SADOWSKI

Address 703 S. ARE

BALTIMORE, MD.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 37 Park St. opp Darley Park St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Bohnert

{ Residence, if in Baltimore, Give Street and Number. } 37 Park St.

Duration of Residence in Baltimore. Life C10306

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 4th 1867

AGE: 40 years, 8 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Jacob Marcus

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. John Bohnert

(Address) 37 Park St

Filed 3/11 1908

HARRY C. ARNOLD. Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to March 9 1908

that I last saw h alive on March 9 1908,

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Chronic Parenchymatous Nephritis (DURATION) DAYS

(Signed) E. H. Brannon M.D.

Address 2025 E. North Ave.

Date March 10th 1908

Place of Burial St. Matthews Cemetery

Date March 11th 1908

Undertaker Henry Horck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C10307

CERTIFICATE OF DEATH.

(Place of Death.) No. 924 Hare St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Simon Timm

{ Residence, if in Baltimore, Give Street and Number. } 924 Hare St

Duration of Residence in Baltimore. 40 years C10307

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1852

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Timm

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Dorsey

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Neal

(Address) 924 Hare St

Filed 3/11 1908

MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10, 1908

I HEREBY CERTIFY, That I attended deceased from Mar 7 1908 to Mar 10 1908

that I last saw h alive on 9 1908,

and that death occurred, on the date stated above, at 5

4 M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 7 DAYS

Contributory (Primary) Lobar Pneumonia

(DURATION) 7 DAYS

(Signed) D. L. Burkard M.D.

Address 1 S. Canton St

Date March 12 1908

Place of Burial Holy Cross Cemetery

Date Mch 13th 1908

Undertaker Germanus Trance

Address Bank & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

C10308

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Long.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C10308

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Penn.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Bartender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/11 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5th 1908

I HEREBY CERTIFY, That I attended deceased from March 5 1908 to March 8 1908

that I last saw h alive on March 10 1908

and that death occurred, on the date stated above, at 3

2 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis. (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date March 11 1908

Place of Burial Woodlawn Cemetery

Date 11 March 13 1908

Undertaker John J. Conaway

Address 901 Hollins St.

(Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.)

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 845 N. Lexington St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Phyllis F. Evans

{Residence, if in Baltimore, Give Street and Number.} 845 N. Lexington St.

Duration of Residence in Baltimore. Life time

C10309

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 29th 1896

AGE 11 years, 2 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) Balto. city Md

FULL NAME OF FATHER Frank F Evans.

BIRTHPLACE OF FATHER (State or country) Balto. city Md

MAIDEN NAME OF MOTHER Carrie Ruckle

BIRTHPLACE OF MOTHER (State or country) Balto. city Md

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank F Evans

(Address) 845 N. Lexington Ave

Filed 3/11 1908

HARRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 10 1908

I HEREBY CERTIFY, That I attended deceased from Mch 3 1908 to Mch 10 1908

that I last saw h[illegible] alive on Mch 10 1908

and that death occurred, on the date stated above, at 10 30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Influenza Complicating
Chronic Endo. Carditis

(DURATION) 7 DAYS

Contributory (Primary) Cardiac Dilatation
& Asthenia (DURATION) 7 DAYS

(Signed) Henry C. Ore M.D.

Address 1203 W. Fayette St

Date Mch 11 1908

Place of Burial Mt. Olivet Cemetery

Date March 12th 1908

Undertaker Geo. J Smith Co.

Address 1000 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEAT

(Place of Death.) No. 715 N. Fulton Ave — ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Martha A. Flemming

{Residence, if in Baltimore, Give Street and Number.} 715 N. Fulton Ave

Duration of Residence in Baltimore. Life

C10310

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 2nd 1835

AGE 72 years, 10 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto City Md

FULL NAME OF FATHER John D Lancaster

BIRTHPLACE OF FATHER (State or country) Balti City Md

MAIDEN NAME OF MOTHER Martha A Pruett

BIRTHPLACE OF MOTHER (State or country) Snow Hill Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H. Schone

(Address) 715 N. Fulton Ave

Filed 3/11 1908

HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1908 to March 10 1908 that I last saw h[illegible] alive on March 9 1908, and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

unknown (less than 1 yr) (DURATION) " DAYS

Contributory (Primary.) [illegible]

(DURATION) DAYS

(Signed) C A McDowell M.D.

Address 1521 W. Fayette St

Date March 10 1908

Place of Burial Loudon Park

Date March 12th 1908

Undertaker Geo J Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., Baltimore

OFFICE OF REGISTRAR OF VITAL STATIS...

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C10311

Registered No. B.....

City of Baltimore, (No. 416 Mosher St.....St.;.....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Susan Ingram Jones

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH July (Month) 31 (Day) 1837 (Year)	
AGE 71 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Carroll Co. Md
FULL NAME OF FATHER	Benjamin Dorsey
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Rachel Stevenson
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry W. Jones

(Address) 416 Mosher St

Filed 3/10 1908 HARRY C... PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 9th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1st 1908 to March 9th 1908 that I last saw her alive on March 9th 1908, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Edema, Anaemia, Heart Failure due to Chronic Interstitial Nephritis

(DURATION) — DAYS

Contributory —

(DURATION) — DAYS

(Signed) Thos. P. McCormick M. D.

March 10 1908 (Address) 1421 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Central, Fred Co. Md	Mar 11 1908
UNDERTAKER Geo J Smith Co	ADDRESS 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ug forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF D

(Place of Death.) No. St. Elizabeths Home- St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Robinson

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth Home-

Duration of Residence in Baltimore. Life

C10312

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black-

DATE OF BIRTH March 1900

AGE 8 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed March 12" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1907 to Mar. 10 1908 that I last saw her alive on Mar. 10 1908, and that death occurred, on the date stated above, at 7.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) 40 DAYS

Contributory (Primary.) Paralysis of legs- (DURATION) 7 Years

(Signed) A. C. Gillis M.D.

Address 1519 N. Carrollspe St.

Date Mar. 11 1908

Place of Burial Cathedral Cemetery

Date March 12th 1908

Undertaker Geiss & Pue

Address 102 E. Mulberry st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEA

(Place of Death.) No. 2424 Belmont Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Agnes Elizabeth Collins

{ Residence, if in Baltimore, Give Street and Number. } 2424 Belmont Ave

Duration of Residence in Baltimore. Life

C 10313

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Mar 4th 1908

AGE: — years, — months, 7 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single.

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Frank A Collins.

BIRTHPLACE OF FATHER (State or country): Harford Co. Md.

MAIDEN NAME OF MOTHER: Laura Spriggs.

BIRTHPLACE OF MOTHER (State or country): Prince Geo Co. Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank A (X mark) Collins.

(Address) 2424 Belmont Ave

Filed March 12" 1908

MARY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11th 1908.

I HEREBY CERTIFY, That I attended deceased from Mar 4 1908 to Mar 11 1908 that I last saw h er alive on Mar 10 1908 and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility. (DURATION) 7 DAYS

Con'ributory (Primary.) Heart failure. (DURATION) DAYS

(Signed) Reginald J. Conny, M.D.

Address 2206 York Road

Date March 11th 1908

Place of Burial Mt Zion

Date March 12 1908

Undertaker JOHN E. HOUGH CO

Address

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF D

(Place of Death.) No. 911 N Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwarda Bond

{ Residence, if in Baltimore, Give Street and Number. } 911 N. Eutaw St.

Duration of Residence in Baltimore.....

C 10314

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Female / COLOR ed	DATE OF DEATH March 11, 1908.
DATE OF BIRTH ~~March 11, 1908.~~	I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1908 to Mar. 11, 1908 that I last saw h[illegible] alive on Mar 10, 1908, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)
AGE 32 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED married	
BIRTHPLACE (State or country) Md.	
FULL NAME OF FATHER Charles Stanford	
BIRTHPLACE OF FATHER (State or country) Md.	Pulmonary Tuberculosis 3 mos. (DURATION) DAYS
MAIDEN NAME OF MOTHER Henrietta Clayton	Contributory (Primary.)
BIRTHPLACE OF MOTHER (State or country) Md.	(DURATION) DAYS
OCCUPATION OF DECEASED Housework	(Signed) Edw. Magruder, M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address 922 Madison Ave.
(Informant) Albert Bond	Date March 11, 1908.
(Address) 911 N Eutaw St	Place of Burial St Peters
Filed 3/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar	Date March 13 1908
	Undertaker R. A. Elliott
	Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DE

(Place of Death.) No. 1047 Shields Alley St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Stubbs.

{ Residence, if in Baltimore, Give Street and Number. } 1047 Shields Alley.

Duration of Residence in Baltimore. Life-time C 10315

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas Stubbs

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Stubbs

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Stubbs

(Address) 1041 Shields Alley

Filed 3/12 1908 MARY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch. 10 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 5 1908 to Mch 10 1908

that I last saw h[illegible] alive on Mch 10 1908

and that death occurred, on the date stated above, at 9:30

I. CAUSE OF DEATH (Secondary or Immediate.)

Brights Disease

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) R. Garland Chunn M.D.

Address 424 East 25 St

Date Mch. 11 1908.

Place of Burial Mt Auburn

Date Mch 13 1908

Undertaker R. A. Elliott

Address 906 Royster

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DE

(Place of Death.) No. 403 E. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick H. Gurney

{ *Residence, if in Baltimore, Give Street and Number.* } 403 E. Chester St.

C10316

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 1 1898

AGE: 10 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Gurney

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Do not know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Gurney

(Address) 403 E. Chester St

Filed 3/12 1908

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10 1908

I HEREBY CERTIFY, That I attended deceased from Feb 7 1908 to March 10 1908

that I last saw h alive on March 9 1908,

and that death occurred, on the date stated above, at 4 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonitis

(DURATION) 32 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) , M.D.

Address

Date March 12, 1908

Place of Burial Holy Cross Cem

Date March 13 1908

Undertaker John A. Wiseman

Address Bank & Arun Sts

WM. J. C. DULANY CO., BALTIMORE.

cts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

ECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *y-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same e ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

NO PERMIT FOR B... OBTAINED WITHOUT A PROPER CERTIFI...

CERTIFICATE OF DEATH.

Registered No. B C16617

City of Baltimore, (No. 1420, N. Fulton Ave, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Hentschel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept (Month) 17 (Day) 1898 (Year)

AGE: 9 years, 5 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~~

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Wilhelm Hentschel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dora Krundick

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: ~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhelm Hentschel

(Address) 1420 N. Fulton Ave

Filed 3/12 1908 (MARY C. ANDREWS) FIRST CLERK) Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 9 1908 to March 11 1908

that I last saw him alive on " " 1908,

and that death occurred, on the date stated above, at 12.30 P. M. The CAUSE OF DEATH was as follows:

Scarlet Fever,

About (DURATION) 3 DAYS

Contributory ~~~

(DURATION) ..... DAYS

(Signed) Chas. C. Conser, M. D.

3/11 1908 (Address) 1113 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery | DATE OF BURIAL: March 12 1908

UNDERTAKER: Wm. H. John W. Siegfried | ADDRESS: 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

2½ P.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 638 Clinton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nancy Melvina McElwee

{Residence, if in Baltimore, Give Street and Number.} 638 Clinton ave

C 10318

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 18th 1855

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Washington Hanford

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Dodd Unknown

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard McElwee

(Address) 638 Clinton

Filed 3/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 11th 1908

I HEREBY CERTIFY, That I attended deceased from March 11th 1908 to March 11th 1908 that I last saw her alive on March 11th 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary.)

Nephritis, Paralysis (DURATION) DAYS

(Signed) Robt. J. Murray. M.D. M.D.

Address 510 N. Fremont Ave

Date March 12 1908

Place of Burial Loudon Park

Date Mar 14 1908

Undertaker Geo. Weber

Address 1515 N. Carey st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 1730 Friendship St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Frances Johnson

{ Residence, if in Baltimore, Give Street and Number. } 1730 Friendship St.

Duration of Residence in Baltimore. Life C10319

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: colored

DATE OF BIRTH: Feb 25 1908

AGE: ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Arthur Johnson

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Maggie Mackey

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Johnson

(Address) 1730 Friendship Pl

Filed 3/12 1908

MARY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 11 1908

I HEREBY CERTIFY, That I attended deceased from Mar 6 1908 to Mar 10 1908

that I last saw h[illegible] alive on Mar 10 1908,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 14 DAYS

Contributory (Primary.) Asthma (DURATION) 1 DAYS

(Signed) T. E. Daughaday M.D.

Address 1442 Presstman St.

Date Balto Mar 11 1908

Place of Burial COLLEGE OF P. S.

Date MAR 11 1908 190

Commissioner Health.

Undertaker Per Wm E. WOODALL

Address

FOR ANATOMICAL PURPOSES.

34

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CE[illegible]ATE OF DE[illegible]

Place of Death.) No. 1422 Bruce St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mc Abee Roy

{ Residence, if in Baltimore, Give Street and Number. } 1422 Bruce St.

Duration of Residence in Baltimore. always. C 10320

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR B.

DATE OF BIRTH Dec 10 14 1908

AGE ..... years, 3 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Mary Roy

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Bertha Chaney

(Address) 1422 Bruce St

Filed 3/12 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10 14 1908

I HEREBY CERTIFY, That I attended deceased ~~from~~ March 8 14 1908 to March 8 14 1908 that I last saw h[illegible] alive on March 8 14 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Rickets 4 d Drawton

(DURATION) always DAYS

Contributory (Primary) Neglect.

(DURATION) DAYS

(Signed) L. M. Allen M.D.

Address 2242 Penn. Ave

Date March 10 14 1908

Place of Burial COLLEGE OF P. & S

Date MAR 11 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., Baltimore

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5 4

CERTIFICATE OF DEATH

(Place of Death.) No. Bay View Asylum St.

If Death occurred in Hospital or Institution give its Name instead of Street and Number.

Full Name Patrick Benson

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 10321

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH 1

AGE 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Sweden

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday

(Address) [illegible] St

Filed 3/12 1908

MARY O. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March. 11 1908

I HEREBY CERTIFY, That I attended deceased from March. 11 1908 to March. 11 1908

that I last saw him alive on March 11 1908

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate

Bronchopneumonia

(DURATION) DAYS

Contributory (Primary.) Perinephritic Abscess

(DURATION) DAYS

(Signed) Robt. H. Bay M.D.

Address Bay View

Date March. 11 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 11 1908 190

Undertaker Geo. Thompson

Address 1805 Eden St

FOR ANATOMICAL PURPOSES

CE

(Place of Death.) No. 1410 Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Fredrick Meyer

{Residence, if in Baltimore, Give Street and Number.} 1410 N. Chester.

Duration of Residence in Baltimore. 54 yrs C 10322

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH March 19th 1832

AGE 75 years, 11 months, 21 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER dont Know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Hamilton

(Address) 1410 N. Chester st

Filed 3/12 1908 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 11 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by hanging

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address Coroners Office

Date Mar 12 08 190

Place of Burial Baltimore Cemetery

Date March 14th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CE[illegible]ATE OF DE[illegible]

(Place of Death.) No. 2009 Chester St. cor. Homewood Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clifford T Robinson

{ Residence, if in Baltimore, Give Street and Number. } Central Ave cor. Ave.

Duration of Residence in Baltimore. 6 mos

C 10323

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: years, 5 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: -	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Clark Robinson	
BIRTHPLACE OF FATHER (State or country): Va	
MAIDEN NAME OF MOTHER: Virginia Ellen	
BIRTHPLACE OF MOTHER (State or country): Va	
OCCUPATION OF DECEASED: -	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) Clark Robinson

Filed 3/12 1908

Registrar

MARY C. ANDREWS.
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 11 1908

I HEREBY CERTIFY, That I attended deceased from Feb 29 1908 to Mar 11 1908 that I last saw h alive on Mar 10 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Gorsuch Ave

Date Mar 11 1908 190

Place of Burial ~~Loudon Park~~ Glenwood Cem. Va

Date Mar 12 1908

Undertaker [illegible]

Address 611 Park

Ward 8 C10324 Registered No. B C10324

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 1675 N. Milton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas J Hubbard

{Residence, if in Baltimore, Give Street and Number.} 1675 N. Milton ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 10 1840

AGE: 68 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: William Hubbard

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: M. Seward

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Corset Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Pisula Hubbard

(Address) 1675 N. Milton ave

Filed 3/12 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1907 to Mar. 10, 1908

that I last saw h alive on Mar. 10, 1908,

and that death occurred, on the date stated above, at 2.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral hemiplegia (apoplectic)

(DURATION) 150 DAYS

Contributory (Primary.) Asthenia

(DURATION) 7 DAYS

(Signed) J. W. Collenberg M.D.

Address 1810 E. Balto. St.

Date March 11, 1908.

Place of Burial National Cemetery

Date March 13 1908

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10325

C10325 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1800 Riggs Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John R Heinzerling

{ Residence, if in Baltimore, Give Street and Number. } 1800 Riggs ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 20 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER August Heinzerling

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Frances V. Meekins

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Motz.

(Address) 1801 - Riggs Ave

Filed 3/12 1908 HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10th 1908 to March 10th 1908

that I last saw him alive on March 10th 1908,

and that death occurred, on the date stated above, at 2.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Florida

(DURATION) DAYS

Contributory (Primary) La Grippe 4

(DURATION) DAYS

(Signed) J. Hellmuth M.D.

Address #11 N Carey St

Date March 11th 1908

Place of Burial Loudon Park

Date March 12 1908

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...ard 10

Registered No. B C10326

C10326

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 704 Greenmount Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna E. Brewer

{Residence, if in Baltimore, Give Street and Number.} 704 Greenmount Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Samuel Watts

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida J. Brewer

(Address) 704 Greenmount Ave

Filed 3/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 9th 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to March 9 1908 that I last saw h[er] alive on March 9 1908, and that death occurred, on the date stated above, at 8[45] P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 1 Yr DAYS

Contributory (Primary.) Gastric Cancer

(DURATION) 1 Yr DAYS

(Signed) L. E. Beach M.D.

Address 837 N. Fayette St

Date March 11 1908

Place of Burial Greenmount

Date Mch 12/08 190

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10327 Registered No. B C10327

108

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Charles Hoppert Price

{ Residence, if in Baltimore, Give Street and Number. } 745 E. Preston St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 9th 1880

AGE: 27 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: J Chas. Hoppert

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Wagner

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Price

(Address) 745 E Preston

Filed 3/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 1908

I HEREBY CERTIFY, That I attended deceased from Feby 29 1908 to March 11 1908

that I last saw her alive on March 11 1908

and that death occurred, on the date stated above, at 6.30

I. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (unresolved)

(DURATION) 14 DAYS

Con'tributory (Primary) Intestinal Obstruction and Peritonitis (DURATION) 5 DAYS

(Signed) Geo A Pflueger M.D

Address St Joseph's Hospital

Date March 11 1908

Place of Burial Balto Cem

Date 3/14/08 190

Undertaker J Henry Ahern

Address 2008 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10328 Registered No. B C10328

CERTIFICATE OF DEATH.

134

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Duarngesser

{Residence, if in Baltimore, Give Street and Number.} 235 N. Montford Ave

Duration of Residence in Baltimore. ——

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 13th 1881

AGE: 27 years, 1 months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Frank Boblitz

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernad Duarngesser

(Address) 235 N. Montford Ave

Filed 3/12 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 10th 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 8th 1908 to Mar. 10th 1908

that I last saw her alive on Mar 10 1908,

and that death occurred, on the date stated above, at 7 50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia of Pregnancy

(DURATION) 6 DAYS

Contributory (Primary.) Pregnancy

(DURATION) 8 1/2 Mos.

(Signed) Wm O Pauli M.D.

Address Johns Hopkins Hosp.

Date Mar. 11th 1908

Place of Burial Mt. Carmel Cem

Date 3/13/08 190

Undertaker Herring & Son

Address 1708 Eden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

C10329

Registered No. B C10329

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1225 Wilcox St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Harry R Palmer

{Residence, if in Baltimore, Give Street and Number.} 1225 Wilcox St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 22 1866

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas H Palmer

BIRTHPLACE OF FATHER (State or country): Dorchester County

MAIDEN NAME OF MOTHER: Margaret Logan

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Stationary Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Palmer

(Address) 1225 Wilcox St

Filed 3/12 1908

WM. C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10th 1908

I HEREBY CERTIFY, That I attended deceased from Febry 1st 1908 to March 10th 1908

that I last saw h.. alive on March 9th 1908

and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

Pulmonary Tuberculosis (DURATION) — DAYS

Contributory (Primary) (DURATION) One year DAYS

(Signed) Charles H. A. Meyer M.D.

Address 1031 N. Caroline St

Date March 10th 1908

Place of Burial Dulaney

Date Mar 13 1908

Undertaker Capt J Turner

Address 1X12 N Bway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

V

C10330

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

95

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10330

City of Baltimore, (No. 1811, Mulberry St.; 20 Ward
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Lewis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. (Month) 6 (Day) 1822 (Year)

AGE: 85 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto. Co. Maryland

FULL NAME OF FATHER: John Lewis

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Dyer

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Stephen Lewis

(Address) 1811 N. Mulberry

Filed 3/12 1908

MARY C. ADAMS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 10th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to March 8 1908

that I last saw him alive on March 8 1908,

and that death occurred, on the date stated above, at 12.10 P. M. The CAUSE OF DEATH was as follows:

Senility

DURATION — DAYS

Contributory Pyelitis Pneumonia

DURATION 10 DAYS

(Signed) J. Harris Cannon M. D.

March 1908 (Address) 60 N. Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: March 11th 1908

UNDERTAKER: F. B. Wisgett ADDRESS: Frederick & Eutaw

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4

C10331

Registered No. B C10331

45

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital, Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos. H. Smith.

{Residence, if in Baltimore, Give Street and Number.} 229 Callington Ave

Duration of Residence in Baltimore. 69 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1839

AGE: 69 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm. J. Smith

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa

MAIDEN NAME OF MOTHER: Margaret B. Hand

BIRTHPLACE OF MOTHER (State or country): Cape May N. J

OCCUPATION OF DECEASED: Supt. of Factory

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mc. J. Smith

(Address) 1123 W. Franklin St

Filed 3/12 1908

MARY C. ADAMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 1908

I HEREBY CERTIFY, That I attended deceased from 10/23/ 1907 to 3/11/ 1908 that I last saw him alive on 3/11/ 1908, and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General Asthenia.

(DURATION) 11 DAYS

Contributory (Primary.) Carcinoma of Prostate (DURATION) 300 DAYS

(Signed) C. H. Roberts M.D.

Address University Hospital

Date March 11 1908

Place of Burial Mt Olivet Cem.

Date Mar 13 1908

Undertaker Wm. Ecklner Son

Address Gaulden & Pierce St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C10332 — Registered No. B C10332

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 839 S. Bond. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Aldebert Kordela

{Residence, if in Baltimore, Give Street and Number.} 839 S. Bond. St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Whit

DATE OF BIRTH: 1

AGE: ..... years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Frank Kordela

BIRTHPLACE OF FATHER (State or country): Austria Galicia

MAIDEN NAME OF MOTHER: Julia Radwaytlg

BIRTHPLACE OF MOTHER (State or country): Austria Galicia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank. Kordela

(Address) 939 S Bond St

Filed 3/12 1908 — MARY C. ARIENS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 11th 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 6th 1908 to Mar. 11th 1908

that I last saw h[illegible] alive on Mar. 6th 1908

and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac and Pulmonary weakness since birth

(DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) A. F. Rau M.D.

Address 213 S. Bond St

Date Mar. 11th 08 1908

Place of Burial Holy Rosary

Date March 12 1908

Undertaker William Fiallcook

Address 428 S Bond St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., Baltimore

Ward 11 C10333 Registered No. B C10333

CERTIFICATE OF DEATH.

40

(Place of Death.) No. The Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Maggie Shanaman

{ Residence, if in Baltimore, Give Street and Number. } 937 Madison ave. city.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white.

DATE OF BIRTH — 1860

AGE 48. years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Shanaman

(Address) 112 Hadley St

Filed 3/12 1908 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11th 1908.

I HEREBY CERTIFY, That I attended deceased from March 2nd 1908 to March 11th 1908.

that I last saw her alive on March 11th 1908.

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia due to Carcinoma of Liver.

(DURATION) DAYS

Con'tributory (~~Primary.~~) Carcinoma of Liver.

(DURATION) DAYS

(Signed) Jno. H. Mantzman M.D.

Address

Date 190

Place of Burial Greenmount Cem

Date March 14th 1908

Undertaker Martin Fahey & Sons

Address 606 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C10334 Registered No. B C10334

CERTIFICATE OF DEATH. 27

(Place of Death.) No. R 31 W. Hennetta St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H. Williams

{Residence, if in Baltimore, Give Street and Number.} R 31 W. Hennetta St

Duration of Residence in Baltimore. 2 1/2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Mail | COLOR Colored

DATE OF BIRTH 1

AGE 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) North Carolina

FULL NAME OF FATHER John Williams

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Williams

(Address) 231 W Hennetta St

Filed 3/12 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1908 to March 11 1908 that I last saw h[illegible] alive on March 11 1908, and that death occurred, on the date stated above, at 1220 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis (I.B.)

(DURATION) 29 DAYS

Con'tributory (Primary.) Ophorrhea

(DURATION) 29 DAYS

(Signed) [illegible] M.D.

Address 714 S. Shamb St

Date March 12th 1908

Place of Burial Mt Auburn Cemetery

Date March 12 1908

Undertaker Wm H Hoffman

Address 609 Little Pakea St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10335

Ward 7 C10335 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 522 S. Wolfe St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael Zyma

{ Residence, if in Baltimore, Give Street and Number. } 522 S. Wolfe

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Dont Know.

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ludwika Zyma

(Address) 522 S. Wolfe St

Filed 3/12 1908

MARY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan - 2 — 1908 to March 10 1908 that I last saw h — alive on March 10 1908 and that death occurred, on the date stated above, at 7.15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Pleuro-Pneumonia —

7 Wks —

Con'tributory (Primary.) Tuberculosis —

7 Wks — (DURATION) DAYS

(Signed) Jno. A. Brown M.D.

Address 125 S. Broadway

Date March 11 — 1908

Place of Burial St. Stanislaus.

Date MAR 13 1908

Undertaker M. F. SADOWSKI.

Address 703 S. Ann St.

BALTIMORE, MD.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C10336 Registered No. B C10336

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1920 Ramsay St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecka Jabel

{Residence, if in Baltimore, Give Street and Number.} 1920 Ramsay

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan: 20th 1840

AGE 68 years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Bernhard Label

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Paul

(Address) 1920 Ramsay St

Filed 3/12 1908

MARY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1908 to Mch 10 1908

that I last saw her alive on Mch 10 1908

and that death occurred, on the date stated above, at 12.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Walter A. Coe M.D.

Address 548 Fulton Ave

Date Mch 11 1908

Place of Burial Western Cem

Date March 12. 1908

Undertaker C. H. Dill

Address 810 Freak: ave:

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C10337 Registered No. B C10337

41

CERTIFICATE OF DEATH.

(Place of Death.) No. 2006 E Lanvale St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence H. Lipscomb

{ Residence, if in Baltimore, Give Street and Number. } 2006 E Lanvale

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	White

DATE OF BIRTH Oct. 16 1899

AGE 8 years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER A. J. Lipscomb

BIRTHPLACE OF FATHER (State or country) West Virginia

MAIDEN NAME OF MOTHER Edith Brannan

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. J. Lipscomb

(Address) 2006 E Lanvale St

Filed 3/12 1908

MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 1908

I HEREBY CERTIFY, That I attended deceased from Dec 24 1907 to March 11 1908

that I last saw him alive on March 10 1908,

and that death occurred, on the date stated above, at 3 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Valvular Heart Disease

(DURATION) 2 Mos. DAYS.

Contributory (Primary.) Inflam. Rheumatism

One months (DURATION) DAYS

(Signed) Wm J Watson M.D.

Address 2128 St Paul

Date March 11 1908

Place of Burial Mt. Olivet Cemetery

Date March 12 1908

Undertaker Horace Burgess

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

2128 St. Paul St Watson

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10338 Registered No. B C10338

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 924 N. Bradford St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Zaoralek

{ Residence, if in Baltimore, Give Street and Number. } 924 N. Bradford

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Zaoralek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Rosie Dovald

(Address) 924 Bradford

Filed 3/12 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1908

I HEREBY CERTIFY, That I attended deceased from March 11 1908 to Mch 11 1908

that I last saw h alive on " 1908,

and that death occurred, on the date stated above, at 7 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Infantile Convulsions

2 hours (DURATION) DAYS

Contributory (Primary.)

Cardiac Failure (DURATION) DAYS

(Signed) William J. Kynard M.D.

Address 2007 Eastern Ave

Date March 12 1908

Place of Burial Oak Hill

Date Mar 12 1908

Undertaker Frank Brack

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. B C10339

City of Baltimore, (No. 1604½ E. Balto St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Idie Feldman

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 33 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED.~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Blanka Kodish

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rachil Warsawsky

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hyman Feldman

(Address) 1504½ E Balt st

Filed 3/12 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 1908 to March 12 1908 that I last saw h[er] alive on March 11 1908, and that death occurred, on the date stated above, at 7 30 A. M. The CAUSE OF DEATH was as follows:

Organic heart disease
(Mitral insufficiency)

Long months (DURATION) DAYS

Contributory Loss of Consciousness

3-4 weeks (DURATION) DAYS

(Signed) Harold Smith M. D.

March 1908 (Address) 826 Cathedral

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL Hebrew Rosedale — DATE OF BURIAL Mar 12 1908

UNDERTAKER Max Leinman — ADDRESS 1620 N. Eden st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, the cause and date of death.

Ward 18 C10340 Registered No. B C10340

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 208 N. Schroder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary C Kaline

{ Residence, if in Baltimore, Give Street and Number. } 208 N. Schroder St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 6 1882

AGE 27 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Michael H McCann

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Anna A Wheeler

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Jos Kaline

(Address) 208 N. Schroder

Filed 3/12 1908

MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1 1908 to March 11 1908

that I last saw h alive on 11 9 1908,

and that death occurred, on the date stated above, at 9.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 1 yr DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. E. Brack M.D.

Address 857 N. Fayette St

Date March 11 1908

Place of Bur Cedar Hill Cemetery

Date March 13, 1908

Undertaker Joseph B Cook

Address 100 E N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

Ward 19 C10341 Registered No. B C10341

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1416 W. Fayette st. ~~St.~~ (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Martha A. Maffit

{Residence, if in Baltimore, Give Street and Number.} 1416 W. Fayette st

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 26 1825

AGE 82 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Walling

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Caroline Ritter

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. Brent Walling

(Address) 1416 W. Fayette st

Filed 3/12 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 1908

I HEREBY CERTIFY, That I attended deceased from Feb 5 1908 to Mar 10 1908 that I last saw h[illegible] alive on Mar 10 1908 and that death occurred, on the date stated above, at 2-40 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Brights Kidney disease.

(DURATION) 1 yr

Con'tributory (Primary)

(DURATION) DAYS

(Signed) J. N. Slater M.D.,

Address 1703 W. Fayette st.

Date March 11th 1908

Place of Burial Baltimore Cem. ✓

Date March 13th 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C10342 Registered No. B C10342

CERTIFICATE OF DEATH. 78

(Place of Death.) No. 148 Rogers Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Wescott

{Residence, if in Baltimore, Give Street and Number.} 148 Rogers Ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH August 1856

AGE 51 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore City.

FULL NAME OF FATHER John Wilson

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Josephine Wilson

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Wescott

(Address) 148 East St.

Filed 3/12 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 — 1908

I HEREBY CERTIFY, That I attended deceased from Dec 6 — 1907 to March 11 — 1908 that I last saw her alive on March 10 — 1908, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

General Dropsy

(DURATION) 20 DAYS

Contributory (Primary.) Endocarditis (DURATION) about 3 mo DAYS

(Signed) W. F. Harris M.D.

Address 134 E Druid Hill Ave

Date March 12 — 1908

Place of Burial Laurel Cemetery

Date March 13 1908

Undertaker Mc Ginnis & Carroll

Address 1227 Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C10343 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Pulaski City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chauncey Brooks

{ Residence, if in Baltimore, Give Street and Number. } Colorsdale = Eutaw Place Exd.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Cr

DATE OF BIRTH Nov. 22 1850 1

AGE 57 years, 4 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Walter B. Brooks.

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Caroline Cole

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. B. Brooks

(Address) 24 Commerce St.

Filed 3/12 1908 MARY C. ANDREWS CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 11th 1908

I HEREBY CERTIFY, That I attended deceased from Mch 4 1908 to Mch 11th 1908 that I last saw h[illegible] alive on Mch 11th 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Coma

(DURATION) 7 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) H. H. Baker M.D.

Address Balto City Hospl

Date Mch 11 1908

Place of Burial Greenmount Cem.

Date March 3th 1908

Undertaker Hamp. H. Jenkins Son Co

Address 300 N. Madison St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C10344 Registered No. B C10344

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 2513 Foster Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Dieterich.

{Residence, if in Baltimore, Give Street and Number.} 2513 Foster Ave.

Duration of Residence in Baltimore... 38 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 10th 1848

AGE: 60 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Dieterich

(Address) 2513 Foster Ave

Filed 3/12 1908 HARRY C. ANDREWS, PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Balto Mch 10th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1908 to Mch 8th 1908

that I last saw h-im alive on Mch 8th 1908,

and that death occurred, on the date stated above, at 5.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis. (DURATION) DAYS

Contributory (Primary.) Cardiac Failure (DURATION) DAYS

(Signed) R. S. Keirle M.D.

Address 1610 E Balto St

Date Balto Mch 10th 1908.

Place of Burial Sacred Heart Cem.

Date March 13th 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C10345 Registered No. B C10345

164

CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Sydney Mercier

{Residence, if in Baltimore, Give Street and Number.} Aged Women Home

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. COLOR Wht

DATE OF BIRTH Unknown 1

AGE 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Howard C Md.

FULL NAME OF FATHER Archibald Mercier

BIRTHPLACE OF FATHER (State or country) Balto Co.

MAIDEN NAME OF MOTHER Maria Nelson

BIRTHPLACE OF MOTHER (State or country) Frederick Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Z Jones Matron Home

(Address)

Filed 3/12 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 11 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1907 to Mch 11 1908

that I last saw h alive on Mch 10 1908,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture Neck of Femur

6 mos (DURATION) DAYS

Contributory (Primary.) Cachexia

2 mos (DURATION) DAYS

(Signed) V L Norwood M.D.

Address 939 W Fayette St

Date Mch 11 1908

Place of Burial Mt. Olivet Cemetery

Date Mch 13th 1908

Undertaker Geo J. Smith & Co

Address 1000 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10346 Registered No. B C10346

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1704 Canton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Antonia Jankowska

{Residence, if in Baltimore, Give Street and Number.} 1704 Canton ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: April 9 1905

AGE: 2 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Jankowski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Agnes Jankowska

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Jankowski

(Address) 1704 Canton Ave

Filed 3/12 1908 NANCY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10 1908

I HEREBY CERTIFY, That I attended deceased from March 7 1908 to March 10 1908

that I last saw her alive on March 10 1908.

and that death occurred, on the date stated above, at 6 —M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Wenturn M.D.

Address 16 S Broadway

Date March 12 1908

Place of Burial Holy Rosary

Date March 13 1908

Undertaker William Jankowski

Address 428 S Bond Ste

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C10347 Registered No. B C10347

CERTIFICATE OF DEATH.

(Place of Death.) No. 203 S. Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Libby Gratemolski

{ Residence, if in Baltimore, Give Street and Number. } 203 S. Exeter

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH 1

AGE 5 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joe Katemolski

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Natrow

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Lenowitz

(Address) 203 S Exeter st

Filed 3/13 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1908

I HEREBY CERTIFY, That I attended deceased from March 12 1908 to March 12 1908

that I last saw h alive on March 12 1908

and that death occurred, on the date stated above, at 12.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

(DURATION) 4 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. Wenburn M.D.

Address 165 Bentley

Date March 12 1908

Place of Burial Hebrew Rosedale Cemetery

Date March 13 1908

Undertaker Max Lenyan

Address 1620 McCulloh St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C10348 Registered No. B C10348

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1615 Alice Albert 9th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Bessie Benson

{Residence, if in Baltimore, Give Street and Number.} 1615 Alice St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Mar 11 1908

AGE ..... years, ... months, 1 hour

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Albert Benson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Bessie Brown

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Benson

(Address) 1615 Alice St.

Filed 3/13 1908 HARRY C. ARMSTRONG, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 11 1908

I HEREBY CERTIFY, That I attended deceased from Mar 11 1908 to Mar 11 1908 that I last saw h— alive on Mar 11 1908, and that death occurred, on the date stated above, at 11:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

(DURATION) 1 hour DAYS

Contributory (Primary) Premature Birth (DURATION) DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date Mar 12 1908

Place of Burial Leader Hill

Date March 13 1908

Undertaker John E. Evernham

Address 1429 Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

10

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10349

City of Baltimore, (No. 902, Park Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henrietta Henson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1 (Month) (Day) Year)

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Greenberry Perkins

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Susie Slaughter

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Perkins

(Address) 902 Park. Av.

Filed 3/13 1908

MARY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 11th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar. 2 1908 to March 10th 1908

that I last saw h er alive on March 9th 1908,

and that death occurred, on the date stated above, at 9 a M. The CAUSE OF DEATH was as follows:

Heart failure following a cancer of Larynx

(DURATION) 9 DAYS

Contributory ... (DURATION) ... DAYS

(Signed) J. W. Norris M. D.

Mar. 11th 1908 (Address) 1221 W Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel cem.	March 13, 1908
UNDERTAKER	**ADDRESS**
John H. Toadvin	142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 Registered No. B C10350

C10350

CERTIFICATE OF DEATH.

43

(Place of Death.) No. 1705 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Spatz

{ Residence, if in Baltimore, Give Street and Number. } 1705 Eastern ave,

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 1 1871

AGE 37 years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Ludwig Spatz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Regina Dreyer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine Schmidt

(Address) 1705 Eastern Ave.

Filed 3/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Mar 11 1908 that I last saw h er alive on Mar 10, 1908, and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of breast

Complete operation done six years ago - returned 1 yr ago (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. B. Britton M.D.

Address 1711 E Back St

Date Mar 12th 1908

Place of Burial Mt. Carmel Cem

Date March 13 1908

Undertaker HENRY SAUER & SONS,

Address S. E. Cor. Broadway & Balto. Sts. and 1703-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C10351 Registered No. B C10351

167

CERTIFICATE OF DEATH.

(Place of Death.) No. Franciscan Sysum Hospitue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Hines

{Residence, if in Baltimore, Give Street and Number.} 105 S. Carrollton

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Kelly

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Annie Kelly

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 W. Lombard

Filed 3/13 1908 MARY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March - 12th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 29th 1908 that I last saw h alive on 1908 and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate.)

Fell on Stone White Suffering with Congestion and burning her face two weeks ago (Accidental)

(DURATION) DAYS

Pneumonia

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Bruce Jones M.D.

Coroners Asst

Address

Date March - 12th 1908

Place of Burial St Peters

Date March 14th 1908

Undertaker John J Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10352 Registered No. B

CERTIFICATE OF DEATH.

166

(Place of Death.) No. 2809 Rayner ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name William Goudy

{ Residence, if in Baltimore, Give Street and Number. } 2809 Rayner ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 3 1835

AGE 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Stephen Goudy

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Bullock

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Miller Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank G. Goudy

(Address) 306 St Paul St.

Filed 3/13 1908 SAMY C. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 6 1907 to 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at 230 P. M. CAUSE OF DEATH (Secondary or Immediate.)

accidentally fell out of 2nd Story Side room 2809 Rayner ave Injuring Left Hip & Pelvis fracture Right Leg Both bones fractured DURATION Months

Contributory (Primary.) Died from effect of fall (DURATION) DAYS

(Signed) Francis Jones M.D.

Address Coroners Office

Date March 12 1908

Place of Burial Loudon Park Cem

Date March 14 1908

Undertaker Wm J. Tickner & Sons

Address 425 W. Camden st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C10353 Registered No. B C10353

CERTIFICATE OF DEATH.

(Place of Death.) No. 750 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma B Smith

{Residence, if in Baltimore, Give Street and Number.} 750 Ramsay st,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER E. Cunningham

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick P. Vernon

(Address) 750 Ramsey st

Filed 3/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 1908

I HEREBY CERTIFY, That I attended deceased from Feb 24 1908 to March 11 1908 that I last saw h er alive on March 11 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

1. Bright's Disease

(DURATION) 16 DAYS

Con'ributory (Primary.) Uremic Coma

6 hours (DURATION) DAYS

(Signed) J. E. Timme M.D.

Address 855 Columbia Ave

Date March 12 1908

Place of Burial Loudon Park Cem

Date March 14 1908

Undertaker Wm J. Tickner & Son

Address 425 W. Hamden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10354 Registered No. B C10354

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Vincent Shunduby

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male.	White

DATE OF BIRTH ..... 1 .....

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday,

(Address) BAY VIEW ASYLUM.

Filed 3/13 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March. 10 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 26 1908 to March. 10 1908

that I last saw h[illegible] alive on March. 10 1908

and that death occurred, on the date stated above, at 6[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) ..... DA

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DA

(Signed) Robt. S. Bay. M.D.

Address Bay View

Date March 10 1908

Place of Burial Speed Heart Comb. Woods.

Date March 13, 1908

Undertaker C. H. Evans.

Address 118 W. Mt. Royal.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible]C10355 Registered No. B C10355

CERTIFICATE OF DEATH.

151

(Place of Death.) No. West End Maternity St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Not Named. Elizabeth M. Tiller.

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. ———

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh

DATE OF BIRTH: March 10 1908

AGE: ✓ years, ✓ months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sngle.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Horace Tiller

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Emma F. Rosetti

BIRTHPLACE OF MOTHER (State or country): Baltimor

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Tiller.

(Address) 2414 Penna Ave.

Filed 3/13 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12" 1908

I HEREBY CERTIFY, That I attended deceased from March 9 1908 to March 12 1908

that I last saw h[illegible] alive on March 10 1908

and that death occurred, on the date stated above, at 6 15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Premature delivery

Eclampsia of Mother.

(DURATION) 2 DAYS

Con'ributery (Primary.)

(DURATION) DAYS

(Signed) Thomas J. Talbot M.D.

Address 1301 Eutaw Pl

Date March 12" 1908

Place of Burial Baltimore Cemetery

Date March 13 1908

Undertaker Mrs Andrew Robertson

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C10356 Registered No. B C10356

CERTIFICATE OF DEATH. 19

Place of Death.) No. 933 Boyd St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Alice T. Weatherall

{ Residence, if in Baltimore, Give Street and Number. } 933 Boyd st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 13 1871

AGE 37 years, 3 months, 27 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Patrick Hayes

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Quaid

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Thos J Weatherall

(Address) 933 Boyd St

Filed 3/13 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 11 1908

I HEREBY CERTIFY, That I attended deceased from Feb 13 1908 to Mar 11 1908 that I last saw h alive on Mar 11 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dropsy, caused by Mitral regurgitation

(DURATION) 3 weeks

Contributory (Primary.) cancer

(DURATION) DAYS

(Signed) Fred Emmert M.D.

Address 1302 W Lombard st

Date Mar 12 1908

Place of Burial St Pauls Cem

Date March 14. 1908

Undertaker Jos B Cook

Address 1003 N Bond st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

112

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 10357

City of Baltimore, (No. 1012 Riversides Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Lew.

PERSONAL AND STATISTICAL PARTICULARS

SEX M.

COLOR W.

DATE OF BIRTH Dec. (Month) 23. (Day) 1834 (Year)

AGE 73 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower.

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED ~~Asst. Janitor~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. J. Lewis

(Address) 1012 Riversides Ave

Filed 3/13 1908 MANY C. ADKINS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 11th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 15th 1908 to Mch 11th 1908

that I last saw him alive on March 4 1908,

and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

Anasarca

(DURATION) 10 DAYS

Contributory Hepatic Cirrhosis

(DURATION) 5 DAYS

(Signed) Wm B. McDonnell M. D.

Mch 12th 1908 (Address) 1305 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Patricks Cem	March 14 1908
UNDERTAKER	**ADDRESS**
Daniel and Margaret J. Flynn	42 E. West St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

80

CERTIFICATE OF DEATH.

Registered No. B C10358

City of Baltimore, (No. 2123, Boulevard East St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hermann Walter

PERSONAL AND STATISTICAL PARTICULARS

SEX Female / ~~White~~

COLOR White

DATE OF BIRTH July (Month) 8 (Day) 1836 (Year)

AGE 74 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Louis Getz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Downes

(Address) ———

Filed 3/13 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 11 1908 that I last saw him alive on March 11 1908, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Angina Pectoris

(DURATION) ½ hour ~~DAYS~~

Contributory Arterio Sclerosis

(DURATION) 6 months ~~DAYS~~

(Signed) John Friedenwald M. D.

March 12 1908 (Address) 10 E Chas

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ———

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL Greenmount Cem. DATE OF BURIAL March 13 1908

UNDERTAKER J. Thews & Co ADDRESS 160 Madison ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — Registered No. B [illegible]

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 1046 N. Eden St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emily Seidenstricker Leitch

{Residence, if in Baltimore, Give Street and Number.} 1046 N. Eden St.

C 10359

Duration of Residence in Baltimore. 67 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 14 1840

AGE: 67 years, 11 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John Barnhart Seidenstricker

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Sarah Ann Reisinger

BIRTHPLACE OF MOTHER (State or country): Carlisle Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A Leitch

(Address) 1046 N. Eden St.

Filed 3/13 1908

HARRY C. ADKINS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1908

I HEREBY CERTIFY, That I attended deceased from Jan 11 1908 to March 12 1908 that I last saw her alive on March 12 1908, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) Two Months

Contributory (Primary) La Grippe + Myocarditis

(DURATION) 2 DAYS

(Signed) R G Davis, M.D.

Address 1507 N Caroline St

Date March 13 1908

Place of Burial Greenmt Cemetery

Date March 14th 1908

Undertaker John B Spence Jr.

Address 1325 N. Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 V

C10360 Registered No. B C10360

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 803 Hanover St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Kelly

{ Residence, if in Baltimore, Give Street and Number. } 803 Hanover st

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH — — 1845

AGE 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas Kelly

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Nancy Kenny

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Ship Caulker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. Kelly

(Address) 803 Hanover st

Filed 3/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH mch 12 1908

I HEREBY CERTIFY, That I attended deceased from mch 1 1908 to mch 12 1908

that I last saw h[illegible] alive on mch 11 1908,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Congestion

Exhaustion

(DURATION) DAYS

Contributory (Primary) Arteria Sclerosis

2 mo (DURATION) DAYS

(Signed) Thos. F. Bladen M.D.

Address 1523 E Balto st

Date mch 12 1908

Place of Burial Balto Cemetery

Date March 16 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C10361 Registered No. B C10361

CERTIFICATE OF DEATH.

(Place of Death.) No. 411 Saunders St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Jane Mills

{Residence, if in Baltimore, Give Street and Number.} 411 Saunders St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH June 14 — 1905

AGE 3 years, 7 months, 28 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto · Md

FULL NAME OF FATHER Joseph E Mills

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Ellen Jane Barnett

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph E. Mills

(Address) 411 Saunders St

Filed 3/13 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13th 1908

I HEREBY CERTIFY, That I attended deceased from March 6 1908 to March 13 1908 that I last saw h.. alive on March 12 1908, and that death occurred, on the date stated above, at 1:40 a M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Scarlet Fever

(DURATION) 7 DAYS

(Signed) G. F. Buxton M.D.

Address 222 East Cross

Date March 13-th- 1908

Place of Burial Cedar Hill Cemetery

Date March 13 3 P.M. 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10362 Registered No. B C10362

CERTIFICATE OF DEATH.

120

(Place of Death.) No. #10 W. Randall St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George O. Torr

{ Residence, if in Baltimore, Give Street and Number. } #10 W. Randall St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	October 28 1859
AGE	48 years, 3 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Oliver S. Torr
BIRTHPLACE OF FATHER (State or country)	Pennsylvania.
MAIDEN NAME OF MOTHER	Mary E. Bookhultz
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md.
OCCUPATION OF DECEASED	Letter-Carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Torr. (Mother)
#10 W. Randall St.
(Address)

Filed 3/13 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10 1908

I HEREBY CERTIFY, That I attended deceased from Feb 10 1908 to March 10 1908 that I last saw him alive on March 9 1908 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia
Nephritis

(DURATION) 30 DAYS

Contributory (Primary) Nephritis

(DURATION) DAYS

(Signed) Harry Gross M.D.

Address 609 Cathedral

Date March 11 1908

Place of Burial MOUNT OLIVET.

Date MAR 13 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7R

C10363 Registered No. B C10363

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 647 E.Clement St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A.Hodges

{Residence, if in Baltimore, Give Street and Number.} 647 E.Clement St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec.26 1845

AGE: 62 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.Md.

FULL NAME OF FATHER: William Davis

BIRTHPLACE OF FATHER (State or country): Balto.Md.

MAIDEN NAME OF MOTHER: Rose Redman

BIRTHPLACE OF MOTHER (State or country): Balto.Md.

OCCUPATION OF DECEASED: House/wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T.Hodges

(Address) 647 E.Clement.St.

Filed 3/13 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 22nd 1908 to March 11th 1908 that I last saw h[er] alive on March 11th 1908 and that death occurred, on the date stated above, at 9-50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lar. Grippe

(DURATION) 80 DAYS

Contributory (Primary.) Nervous prostration Anaemia, Exhaustion (DURATION) 30 DAYS

(Signed) W. E. Mays M.D.

Address 7 W. N. Lagay St

Date March 12th 1908

Place of Burial MOUNT OLIVET.

Date MAR 15 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C10364 Registered No. B C10364

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Shields

{Residence, if in Baltimore, Give Street and Number.} 723 Greenmount Ave

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: John Shields

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Monaghan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holly Jr. Supt.

(Address) BAY VIEW ASYLUM.

Filed 3/13 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March. 11 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 12 1908 to March. 11 1908 that I last saw h~~im~~ alive on March. 11 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. J. Bay M.D.

Address Bay View

Date March 12 1908

Place of Burial Holy Cross

Date March 14. 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10365 Registered No. B C10365

81

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hamman

{ Residence, if in Baltimore, Give Street and Number. } 750 Reservoir St.

Duration of Residence in Baltimore. Fifty Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 3rd 1849

AGE: 58 years, 9 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balt. Md

FULL NAME OF FATHER: John Morgan Hamman

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa

MAIDEN NAME OF MOTHER: Mary Morgan

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. M. Hamman

(Address) 750 Reservoir St

Filed 3/13 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1908

I HEREBY CERTIFY, That I attended deceased from Feb 14 1907 to March 12 1908 that I last saw him alive on March 12 1908, and that death occurred, on the date stated above, at 6.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

apoplexy

(DURATION) DAYS

Contributory (Primary.) Arteris-sclerosis,

Endocarditis (DURATION) DAYS

(Signed) Maurice Lazenby M.D.

Address 721 W. North ave

Date March 12 1908

Place of Burial Loudon Park

Date March 14th 1908

Undertaker David H. O'Leary Co

Address 833 Lombard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5 C10366

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

11

CERTIFICATE OF DEATH.

C10366

Registered No. B .....

City of Baltimore, (No. 134 N. Front St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rose ~~Siani~~ Siani Siani

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W.
DATE OF BIRTH	November 1 1900 (Month) (Day) (Year)
AGE	7 years, 4 months, 12 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	S.
BIRTHPLACE (State or country)	N.Y. U.S.A.
FULL NAME OF FATHER	Salvatore Siani
BIRTHPLACE OF FATHER (State or country)	Italy.
MAIDEN NAME OF MOTHER	Carmela Basile
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	Nil.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Salvatore Siani

(Address) 134 N. Front St.

Filed 3/13 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from several occasions. 1908 to 1908

that I last saw h[er] alive on February 1908,

and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Mitral Disease 4 years
Cardiac Dilatation
(Acute Rheumatism 4 years ago)
Several months (DURATION) DAYS

Contributory Cardiac Dyspepsia.
Endocarditis (DURATION) DAYS

(Signed) Aspinwall Whitehead M. D.

March 12 1908 (Address) Eutaw Place & Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Vincent's Cem.	March 14 1908
UNDERTAKER	ADDRESS
Germania Franca	Bank & Wolf Sts

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vi

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall d
the Physician who attended during his or her last sickness, or the Coroner, when the case c
twenty-four hours after death, to the Undertaker, or other person superintending the burial, a
can be ascertained, the full name, sex, age, condition (whether married or single) of the person

of Vital Statistics in the City of Baltimore.

die in the said city it shall be the duty of
ase comes under his notice, to furnish within
al, a certificate setting forth, as far as the same
rson deceased, and the cause and date of death.

Ward [illegible] C10367 Registered No. B C10367

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 226 S. Wolfe St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Kuhn

{Residence, if in Baltimore, Give Street and Number.} 226 S. Wolfe St.

Duration of Residence in Baltimore. about 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 6 1820
AGE	87 years, 7 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	don't know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	don't Know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Fischer

(Address) 226 S. Wolfe St

Filed 3/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12th 1908

I HEREBY CERTIFY, That I attended deceased from January 1908 to March 12th 1908, that I last saw him alive on March 11th 1908, and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Nouman Pond M.D.

Address 1838 E Baltimore St

Date March 12th 1908

Place of Burial St Alphonsus Cemetery

Date March 1908

Undertaker Germanus France

Address 1807 Wolfe St

W. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C10368 Registered No. B C10368

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 926 E. Pine St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter L. Bennett

{Residence, if in Baltimore, Give Street and Number.} 926 E. Pine St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Dec. 22 1907

AGE — years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balt. Md

FULL NAME OF FATHER Edward Sheelm

BIRTHPLACE OF FATHER (State or country) N. Y.

MAIDEN NAME OF MOTHER Georgia Bennett

BIRTHPLACE OF MOTHER (State or country) Balt. Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgia Bennett

(Address) 926 E. Pine St

Filed 3/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 1908

I HEREBY CERTIFY, That I attended deceased from March 10 1908 to March 11 1908 that I last saw him alive on March 11 1908 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Jno. C. Hirtel M.D.

Address 901 Myrtle Ave

Date March 12 1908

Place of Burial Mt Auburn Cemetery

Date March 14 1908 190

Undertaker Felix R Pyle

Address 102 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C16369 Registered No. B C16369

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucy Williams

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W

DATE OF BIRTH Oct. 5 1906

AGE ..... years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 3/13 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to March 11 1907

that I last saw him alive on " " 1907

and that death occurred, on the date stated above, at 2 9 M. CAUSE OF DEATH (Secondary or Immediate)

congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) J. B. Finlen M.D.

Address 96. Biddle St

Date March 11th 1907

Place of Burial New Cathedral

Date March 13 1907

Undertaker Martin Gahagan & Son

Address 106 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C10370 Registered No. B C10370

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Earle.

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infancy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH ~~Jan~~ 1907

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincent Inf Asy.

(Address)

Filed 3/13 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 9 1908 that I last saw h in alive on 9 1908 and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. Finlen M.D.

Address 96. E. Biddle St.

Date March 11 1908

Place of Burial Mayo Cathedral

Date March 13 1908

Undertaker Marden Tabert & Co.

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C10371 Registered No. B C10371

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes Brown

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address)

Filed 3/13 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 11 1908

that I last saw her alive on " 10 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J.S. Tinder M.D.

Address 1 E. Biddle St,

Date March 11 1908

Place of Burial Mt Cathedral

Date March 13 1908

Undertaker Martin Fahey & Son

Address 606 Rafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 C10372 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Ramsey and Smallwood St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm E. Richardson

{ Residence, if in Baltimore, Give Street and Number. } Ramsey and Smallwood St.

Duration of Residence in Baltimore. 54 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Mard, 14th 1836

AGE: 71 years, 11 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): W. Va.

FULL NAME OF FATHER: Isaac Richardson

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Matilda Bayless

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos B Cook

(Address) 1003 W Balto St

Filed 3/13 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March, 13th 1908.

I HEREBY CERTIFY, That I attended deceased from Febry 22d 1908 to March, 13th 1908 that I last saw him alive on March, 13th 1908, and that death occurred, on the date stated above, at 9 50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Suffered from Parlysis for one year. When I saw him last general Anasarca caused by Nephritis from which he suffered (DURATION) for many DAYS

Contributory (Primary.) when Uraemic convulsions lasting (DURATION) 2 DAYS terminated life

(Signed) Dr. N Eldridge M.D.

Address 2151. Wilkens Ave

Date March 13th 1908.

Place of Burial Cedar Hill Cem

Date Mch 15 1908

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C10373 Registered No. B

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1201 Foster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Gertrude Cain

{Residence, if in Baltimore, Give Street and Number.} 1201 Foster St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: female	COLOR: colored
DATE OF BIRTH: Mch 1 1906	
AGE: 2 years, months, 12 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	David Cain
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Helen Wright
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen Wright

(Address) 1201 Foster St

Filed 3/13 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 12 1908

I HEREBY CERTIFY, That I attended deceased from Mch 6 1908 to Mch 12 1908

that I last saw h in alive on Mch 5 1908

and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Broncho- Pneumonia

(DURATION) 7 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Albert F. Coundy M.D.

Address 1412 Mt Royal Ave

Date Mch 12 1908

Place of Burial Chester Station Md

Date Mch 14 1908

Undertaker R. A. Elliott

Address 512 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C10374 Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Baby~~ Conrad Guarnigesser.

{ Residence, if in Baltimore, Give Street and Number. } Same - 235 Montford Ave.

Duration of Residence in Baltimore. 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH March 9th 1908

AGE — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) D H H.

FULL NAME OF FATHER Conrad Guarnigesser

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Annie Boblitz

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Guarnigesser

(Address) 235 N. Montford Ave

Filed 3/13 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11th 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 9 1908 to March 11 1908 that I last saw him alive on Mar. 11 1908, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.) Premature (DURATION) 1/2 hour

(Signed) Wm O Pauli M.D.

Address Johns Hopkins Hosp.

Date Mar. 11 - 1908

Place of Burial Mt Carmel Cem

Date 3/13/08 1908

Undertaker J Herwig & Son

Address 2008 Ellicott St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10375

Ward 7 C10375 Registered No. B 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 805 Mangold St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth H. Durall

{ Residence, if in Baltimore, Give Street and Number. } 805 Mangold St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 28 1840

AGE 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosana Travers

(Address) 805 Mangold St

Filed 3/13 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1908

I HEREBY CERTIFY, That I attended deceased from Dec 24 1907 to March 12 1908

that I last saw h er alive on March 12 1908,

and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 3 DAYS

Contributory (Primary.) Dropsy

(DURATION) DAYS

(Signed) S. M. Lumpkin M.D.

Address 602 N Gay St.

Date March 12 1908

Place of Burial Cedar Hill

Date March 15 1908

Undertaker E Wade

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C10376 Registered No. B C10376

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1909 Linden Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah V. Bryant

{Residence, if in Baltimore, Give Street and Number.} 1909 Linden Ave.

Duration of Residence in Baltimore. 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 21 1841

AGE 66 years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Centreville, Q. A. Co. Md.

FULL NAME OF FATHER Clinton Coole

BIRTHPLACE OF FATHER (State or country) Queen Ann. Co. Md.

MAIDEN NAME OF MOTHER M Ford

BIRTHPLACE OF MOTHER (State or country) Caroline Co., Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Bryant

(Address) 1909 Linden Ave.

Filed 3/13 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1907 to March 11 1908 that I last saw h.. alive on March 10 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. H. Ruby M.D.

Address 1113 Madison Ave

Date March 12th 1908

Place of Burial Denton, Caroline Co., Md.

Date May 14, 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10377 Registered No. B C10377

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 504 W. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizab[redacted] Wheatley

{Residence, if in Baltimore, Give Street and Number.} 504 W West Street C10377

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1[redacted]

AGE: 43 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Mary Brown

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Wheatley

(Address) 504 W. West St.

Filed 3/13 1908 HARRY C. ANDR[illegible], Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11th 1908

I HEREBY CERTIFY, That I attended deceased from [redacted] 1908 to March 11 1908

that I last saw h[illegible] alive on March 10 1908,

and that death occurred, on the date stated above, at 9.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Gastritis

(DURATION) Two days

Contributory (Primary.) Exhaustion

(DURATION) Two days

(Signed) A. H. Hunter M.D.

Address 712 S. Stricker St

Date March 12th 1908

Place of Burial Mt. Auburn Cem.

Date March 14, 1908.

Undertaker John H. Toadvin

Address 142 W. Hill St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B C10378

C10378

CERTIFICATE OF DEATH.

(Place of Death.) No. Visitation Convent - Park & Centre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sr. Mary Loretto Broderick

{Residence, if in Baltimore, Give Street and Number.} Visitation Convent

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1867

AGE: 41 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): St. Johns - Iean

FULL NAME OF FATHER: Christopher Broderick

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: Mary Jane Broderick

BIRTHPLACE OF MOTHER (State or country): Canada

OCCUPATION OF DECEASED: Religious

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sisters of the Visitation

(Address) Park Ave & Centre St.

Filed 3/13 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to March 13 1908 that I last saw h[illegible] alive on Mch 12 1908, and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate.)

Meningites.
Tuberculous ?

(DURATION) 30 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St.

Date Mch 13 1908

Place of Burial Mt de Sales Cem

Date Mch 14th 1908 190

Undertaker Kerr Lentz & Son Co

Address 300 W. Madison

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C10379

Ward 17 C10379 Registered No. B 175

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Margaret L. Kenrick

{Residence, if in Baltimore, Give Street and Number.} 411 Grindall ave

Duration of Residence in Baltimore. 18 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Feby 9 1871

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Thos Mahoney

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margt Manor

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Denis Kenrick

(Address) 411 Grindall ave

Filed March 14 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 12 1908

I HEREBY CERTIFY, That I attended deceased from Feby 10 1908 to Mar 12 1908

that I last saw h... alive on ... 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate

Catholic and Dearing accidentally Took acid by mistake for whiskey (DURATION) DA

Con'ributory (Primary.)

(DURATION) DA

(Signed) Benj. W. Hayden M.D. Coroner

Address 1216 N. Carrollton ave.

Date Mar. 13 - 1908

Place of Burial New Cathedral

Date Mar 14 1908

Undertaker Robt F. Turner

Address 1442 Druid

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, age, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

9

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C10330
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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10380

City of Baltimore, (No. 151 Old York Road. St.; 9th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Southgate

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: white
DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)
AGE: 72 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
BIRTHPLACE (State or country): England
FULL NAME OF FATHER: Robert S. Southgate
BIRTHPLACE OF FATHER (State or country): ~~England~~ Scotland
MAIDEN NAME OF MOTHER: Mary A. Flagate
BIRTHPLACE OF MOTHER (State or country): England
OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. M. Mitchell
(Address) E M 1201 W Fayette St

Filed 3/14 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.
WM. J. C. DULANY CO.

Ag't L Carnette Coroner
Mar 13/08

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from February 21st 1908 to March 12 1908 that I last saw h alive on March 12 1908, and that death occurred, on the date stated above, at 6.45 P. M. The CAUSE OF DEATH was as follows:

Burns.
nearly one third body
surface.
(DURATION) 23 DAYS

Contributory old age.
(DURATION) DAYS

(Signed) H. J. Stricklen Jr. M. D.
March 12 1908 (Address) 811 Gorsuch ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Green Mount
DATE OF BURIAL: March 14 1908
UNDERTAKER: E M Mitchell
ADDRESS: 1201 W Fayette st

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B C10381

City of Baltimore, (No. 1107 W Lanvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Duncan M. Buchanan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Feb (Month) 3 (Day) 1861 (Year)

AGE: 47 years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ill

FULL NAME OF FATHER: Alex T Buchanan

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Mary McLellan

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) wife

(Address) 1107 W Lanvale St

Filed 3/14 1908

HARRY C ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 22 1908 to March 13 1908 that I last saw h[illegible] alive on March 13 1908, and that death occurred, on the date stated above, at 12.23 a m. The CAUSE OF DEATH was as follows:

Inflamation of Abscess of Liver about Three (DURATION) Weeks Days

Contributory ..... (DURATION) ..... DAYS

(Signed) C. M Cook M. D.

March 13 1908 (Address) 1101 W Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... Yes

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: March 16 1908

UNDERTAKER: E M Mitchell

ADDRESS: 1201 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B C10382

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1006 Chesapeake St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie G. Quinn

{Residence, if in Baltimore, Give Street and Number.} 1006 Chesapeake St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 20 1907

AGE ..... years, 4 months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Geo Nicholas Quinn

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Margt. H. McGee

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. I. Quinn

(Address) 1006 Chesapeake St

Filed 3/14 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1908

I HEREBY CERTIFY, That I attended deceased from March. 11 1908 to March. 12 1908

that I last saw h[illegible] alive on March 12 1908,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio Pneumonia (DURATION) 3 DAYS

Contributory (Primary.)

Eclampsia (DURATION) 1 DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Canton Ave

Date March 13th 1908

Place of Burial Holy Cross Cem

Date Mar 14th 1908

Undertaker Jno. A. Moran

Address Bank & Arnold.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C10383 Registered No. B C10383

CERTIFICATE OF DEATH.

157

(Place of Death.) No. 1617 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John C Haelfel

{Residence, if in Baltimore, Give Street and Number.} 717 Dr. E. Henry st. Life

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH July 1870

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER George Haelfel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lizzie Britting

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Furniture Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George J. Haelfel

(Address) 316 S Ann St.

Filed 3/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Hanging

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Gudlin Comm M.D.

Address 320 N Gaines st.

Date 190

Place of Burial Catholic Cem

Date Jan 14th 1908

Undertaker Jno. A. Joran

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10384 Registered No. B C10384

CERTIFICATE OF DEATH.

(Place of Death.) No. Cr - Centn Sh Resgn al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mack Banton

{Residence, if in Baltimore, Give Street and Number.} 232 n Cullen

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH 1

AGE 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Saloon

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ann Fountain

(Address) 1907 Wagner Alley

Filed 3/14 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1908

I HEREBY CERTIFY, That I attended deceased from Feb 20 1908

that I last saw h alive on 190

and that death occurred, on the date stated above, at 10 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Organic Heart Disease (DURATION) DAYS

(Signed) John Jones M.D.

Address Cor Fulton & Lanvale

Date March 13 1908

Place of Burial Laurel Cem

Date March 15 1908

Undertaker R. A. Elliott

Address 606 Rogers ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C16385 Registered No. B C16385

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rena V. Brown

{Residence, if in Baltimore, Give Street and Number.} 333 E 21½ St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col.

DATE OF BIRTH: 1

AGE: 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laundress,

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 3/14 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12. 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 17 1908 to March 12 1908 that I last saw h[illegible] alive on March 12 1908 and that death occurred, on the date stated above, at 4.45 9 M. CAUSE OF DEATH (Secondary or Immediate) Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date March 17 1908

Place of Burial Laurel Cem.

Date March 15, 1908

Undertaker R. A. Elliott

Address 506 Reynolds Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C10386 Registered No. B C10386

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 231 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Bessert

{Residence, if in Baltimore, Give Street and Number.} 231 S. Dallas st

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	Black

DATE OF BIRTH 1865

AGE 43 years, 0 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Bassert

(Address) 231 S. Dallas.

Filed 3/14 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13th 1908

I HEREBY CERTIFY, That I attended deceased from March 8th 1908 to March 13th 1908

that I last saw h alive on 12 1908,

and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Con'ributory (Primary.) Cancer

(DURATION) DAYS

(Signed) Jacob L. Dennis M.D.

Address 1735 Bank

Date March 13th 1908

Place of Burial Mt Zion Cem.

Date Mch 15 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C10387 Registered No. B C10387

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Barnes

{ Residence, if in Baltimore, Give Street and Number. } 1233 Mulliken St.

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Lumberman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Barnes

(Address) 1233 Mulliken

Filed 3/14 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28 1907 to March 11 1908

that I last saw h[illegible] alive on March 11 1908,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hosp.

Date March 12 1908

Place of Burial Mt Auburn

Date March 15 1908

Undertaker R. A. Elliott

Address 516 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC10388

City of Baltimore, (No. 16 Brehms Lane St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Slater

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April (Month) 20 (Day) 1878 (Year)
AGE	29 years, 11 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Co.
FULL NAME OF FATHER	John Slater
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Dont Knows
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Ostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Slater

(Address) Gardenville Md

Filed 3/14 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 8 1907 to March 9 1908 that I last saw him alive on March 9 1908, and that death occurred, on the date stated above, at 8 45 AM. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

The above Duration of his trouble was about

Fifteen months (DURATION) DAYS

Contributory Extreme Cardiac Debility

about 3 months (DURATION) DAYS

(Signed) John Carson M. D.

March 12 1908 (Address) 2439 York Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	3/15 1908
UNDERTAKER	ADDRESS
H C Sadtler & Sr	Fullerton Md

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C10389 Registered No. B C10389

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 1638 Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothea L. Trendtel (Trantel)

{ Residence, if in Baltimore, Give Street and Number. } No. 1638 Thames St.

Duration of Residence in Baltimore. Fifty-eight (58) years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 1st 1825

AGE: 82 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Travers

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise D. Zimmerman

(Address) 1638 Thames St

Filed 3/14 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12, 1908.

I HEREBY CERTIFY, That I attended deceased from March 9, 1908 to March 12, 1908 that I last saw her alive on March 11, 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

(DURATION) 5 DAYS

Contributory (Primary.) Acute Bronchitis (DURATION) 5 DAYS

(Signed) A. A. Elewell, M.D.

Address 1741 Hanford Ave, Balto.

Date March 13, 1908

Place of Burial Baltimore Cem.

Date March 14 1908

Undertaker HENRY SAUER & SONS

Address S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Canton Avenue.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10350 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2626 E. Baltimore St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wm. C. Watts

{Residence, if in Baltimore, Give Street and Number.} 2626 E. Baltimore St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 10th 1873

AGE 34 years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry R. Watts

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Jannie Mosley

BIRTHPLACE OF MOTHER (State or country) N. C.

OCCUPATION OF DECEASED Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Henry R. Watts

(Address) 2614 E. Balto. St.

Filed 3/14 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1908

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to March 12 1908 that I last saw h[illegible] alive on March 11 1908, and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Charles O'Donnell M.D.

Address 10 E. Read St

Date March 13 1908

Place of Burial Greenmount Cem.

Date March 15 1908

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto Sts and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10391 Registered No. B C10391

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert L. Gibbons

{Residence, if in Baltimore, Give Street and Number.} 404 E. Collington Ave

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Gibbons

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Gibbons

(Address) 404 Collington Ave

Filed 3/17 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12" 1908

I HEREBY CERTIFY, That I attended deceased from March 5 1908 to March 12 1908 that I last saw him alive on March 12 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) P. H. Belcough M.D.

Address Johns Hopkins Hospital

Date March 13 1908

Place of Burial Crosfield Md.

Date March 15th 1908

Undertaker W. E. Cook

Address 532 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10392 Registered No. B C10392

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 409 E Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances P Kelly

{ Residence, if in Baltimore, Give Street and Number. } 409 E. Madison St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: —

AGE: 35. years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Owen Kelly.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary McShane

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kelly

(Address) 409 E Madison St

Filed 3/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 12 1908

I HEREBY CERTIFY, That I attended deceased from Jan 28 1908 to March 12 1908 that I last saw h— alive on March 12 1908, and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. W. Power M.D.

Address 1208 Linden Ave

Date March 13 1908

Place of Burial Holy Cross

Date March 16/08 190—

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C10393 Registered No. B C10393

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 625 Cator Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertie J. Shaw. —

{ Residence, if in Baltimore, Give Street and Number. } 625 Cator Ave. —

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. | COLOR White

DATE OF BIRTH 1

AGE 15 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Harry Shaw

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Davis.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Shaw

(Address) 625 Cator Ave.

Filed 3/14 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 28 1908 to March 12 1908

that I last saw her alive on March 12 1908

and that death occurred, on the date stated above, at 11 V0 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

Bronchitis (DURATION) 4 DAYS

(Signed) Thos A Milliman M.D.

Address No 2449 York Road

Date Balto. Mar. 13 1908

Place of Burial London Park.

Date March 15 1908

Undertaker Wm Cook

Address 372 E Monument

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10394 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1109 Madison ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rev. William R. ~~Garvan~~ Gwinn

{ Residence, if in Baltimore, Give Street and Number. } ~~Port Deposit Cecil Co.~~ 1109 Madison ave

Duration of Residence in Baltimore. 1 year.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: Feb. 14. 1844

AGE: 64. years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Port Deposit Cecil Co Md

FULL NAME OF FATHER: Robt. Gwinn

BIRTHPLACE OF FATHER (State or country): Dont. Know.

MAIDEN NAME OF MOTHER: Dont. Know.

BIRTHPLACE OF MOTHER (State or country): Dont. Know.

OCCUPATION OF DECEASED: Preacher.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah M. Gwinn

(Address) 1109. Madison ave

Filed 3/14 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch 13. 1908

I HEREBY CERTIFY, That I attended deceased from Dec 31 1907 to Mch 13 1908

that I last saw h~~im~~er alive on Mch 12 1908,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hypertrophy of Heart

(DURATION) 9 mo DAYS

Contributory (Primary.) Bright's Disease of Kidneys

(DURATION) 2 yrs DAYS

(Signed) G Lane Tanyhill M.D.

Address 1103 Madison ave

Date Mch 13. 1908

Place of Burial Mt Olivet

Date March 15 1908

Undertaker Wm. Cook.

Address 302. E. Wath ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1908 68 44

Ward 10 C10395 Registered No. B C10395

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. 1248 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name F. Joseph McGonigle

{Residence, if in Baltimore, Give Street and Number.} 1248 William st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 4-25- 1905

AGE 2 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Joseph P. McGonigle

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Margery Norman

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fahey

(Address) 1232 William St

Filed 3/14 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to March 11th 1908 that I last saw him alive on March 11th 1908 and that death occurred, on the date stated above, at 530 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

3 Weeks

(DURATION) DAYS

Contributory (Primary.) Measles (DURATION) DAYS

(Signed) Harry Cross M.D.

Address 1405 Charles St

Date March 14th 1908

Place of Burial New Cathedral Cem

Date Mar 14 1908

Undertaker John J Fahey

Address 1232 William St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C10396 Registered No. B C10396

CERTIFICATE OF DEATH.

150c

(Place of Death.) No. 305 N Centre a St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Langa

{ Residence, if in Baltimore, Give Street and Number. } 305 N Centre a

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar. 8 1908

AGE ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto md.

FULL NAME OF FATHER Harry. Langa

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Margaret Brandt

BIRTHPLACE OF MOTHER (State or country) Baltimore md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Langa

(Address) 302 N Centre a

Filed 3/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 13 1908

I HEREBY CERTIFY, That I attended deceased from March 8 1908 to March 13 1908

that I last saw h.. alive on March 13 1908,

and that death occurred, on the date stated above, at 11.20 a.m. CAUSE OF DEATH (Secondary or Immediate)

Congenital Suppression of urine

(DURATION) 5 DAYS

Con'tributory (Primary.) Nephritis.

(DURATION) DAYS

(Signed) M. L. Gundry M.D.

Address 1202 E. Monument St.

Date 3/13 1908

Place of Burial Not Known Must Notify Relatives

Date Mar. 14 1908

Undertaker S. E. I Fanning

Address 1938 E Lafayette a

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C10397 Registered No. B C10397

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 2028 E Lafayette av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis E Kaiser

{Residence, if in Baltimore, Give Street and Number.} 2028 E Lafayette av

Duration of Residence in Baltimore. Lifetime C10397

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 20 1890

AGE: 17 years, 9 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Kaiser

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Barbara Gunther

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Lithographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Kaiser

(Address) 2028 E Lafayette av

Filed 3/14 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 13 1908 to Mar 13 1908 that I last saw him alive on March 13 1908, and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 1 DAY

Contributory (Primary) Chronic Nephritis

(DURATION) 3 mos

(Signed) J Walter Thomas M.D.

Address 1228 St Paul

Date March 13th 1908

Place of Burial Mt Carmel

Date Mar 16 1908

Undertaker E. I Fanning

Address 1938 E Lafayette av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C10398

Registered No. B .....

City of Baltimore, (No. 875 Lemmon St.; 18 Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margert O'Neill

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: midwd

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Luke Flynn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Flynn

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Williams Gunn

(Address) 875 Lemmon St

Filed 3/14 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 14th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mch. 8th 1908 to Mch 10 1908

that I last saw h[er] alive on Mch 10 1908,

and that death occurred, on the date stated above, at 5- A. M. The CAUSE OF DEATH was as follows:

Senility

(DURATION) ..... DAYS

Contributory Pneumonia

(DURATION) ..... DAYS

(Signed) R. A. Warren M. D.

3/14 1908 (Address) 875 N. Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Catholic	March 16 1908
UNDERTAKER	ADDRESS
H. C. Browning	5 S. Poppleton

WM. J. C. DULANY CO., BALTIMORE.

Ward 27 C10399 Registered No. B C10399

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1434 Canada St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number

Full Name John J. Brady

{ Residence, if in Baltimore, Give Street and Number. } 1434 Canada st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH January 16 1860

AGE 48 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Geo J C Brady.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Wilhelmina Millard

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Fireman —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Brady.

(Address) 1434 Canada St

Filed 3/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 13 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 25 1908 to Mar. 13 1908

that I last saw him alive on Mar 12 1908

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Asthenia

(DURATION) 1 DAY

Con'tributory (Primary.) Pulmonary Tuberculosis

8 months (DURATION) DAY

(Signed) J. Morley Hoag M.D.

Address 721 Columbia Ave

Date Mar. 13 1908

Place of Burial Loudon Park

Date Mar 15 1908

Undertaker Robt J. Turner

Address 1442 W. Pratt.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C10400 Registered No. B C10400

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2304 Boston St (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Catherine Sandeberg

{Residence, if in Baltimore, Give Street and Number.} 2304 Boston St

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 11 1829

AGE: 79 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Pete Jansen

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kate Fuhrman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Steven Sandeberg

(Address) 2304 Boston St

Filed 3/14 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13th 1908

I HEREBY CERTIFY, That I attended deceased from Feby 26 1908 to March 13 1908

that I last saw her alive on March 12 1908

and that death occurred, on the date stated above, at 8:40 P. M. CAUSE OF DEATH (Secondary or Immediate

Paralysis.

(Cerebral hemmhage)

16 days (DURATION) DAYS

Con'tributory (Primary.) old age

(DURATION) DAYS

(Signed) R. T. Hardy M.D.

Address 1902 Bank St

Date March 13. 1908 190

Place of Burial St. Johns Cemetery

Date Mar 16 1908

Undertaker Robert t turner

Address 482 Broadway + Oliver St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C10401 Registered No. B C10401

CERTIFICATE OF DEATH.

19.

(Place of Death.) No. 112 N. Green St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name James B. Vail

{Residence, if in Baltimore, Give Street and Number.} Town

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 17 June 1848

AGE 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Connecticut

FULL NAME OF FATHER H. Vail

BIRTHPLACE OF FATHER (State or country) Connecticut

MAIDEN NAME OF MOTHER E. D. Merritt

BIRTHPLACE OF MOTHER (State or country) Connecticut

OCCUPATION OF DECEASED Fruit Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E Vail

(Address) 3033 N Northern

Filed 3/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12th 1908

I HEREBY CERTIFY, That I attended deceased from As before 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease - saw Dr at Univ of M Hosp. Jan 11th 08

(DURATION) DAYS

Con'ributory (Primary.) Sudden

(DURATION) DAYS

(Signed) J. D. Lehtent M.D. coroner

Address 211 W. Laurel

Date March 12th 1908

Place of Burial Balto Cemetery

Date Mar 15 1908

Undertaker Robt J Turner

Address 1421 Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10402 Registered No. B C10402

114

CERTIFICATE OF DEATH.

(Place of Death.) No. 1024 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Baldwin

{ Residence, if in Baltimore, Give Street and Number. } 1024 E. Chase St.

Duration of Residence in Baltimore. 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 85 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Susanna Baldwin

(Address) 1024 E. Chase St.

Filed 3/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13. 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 17. 1908 to March 12. 1908 that I last saw him alive on March 12. 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute ~~Senile~~ Atrophy of the Liver

Senile Degeneration of Liver.

(DURATION) 4 DAYS

Contributory (Primary.) Senile debility

(DURATION) 90 DAYS

(Signed) L. J. Sebold M.D.

Address 1001 Iroquois St.

Date Balto. March 13. 1908

Place of Burial Holy Redeemer

Date March 16 1908

Undertaker Henry Koch & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15

C10403 Registered No. B C10403

CERTIFICATE OF DEATH.

(Place of Death.) No. 1367 N. Gilmore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Timmes

{Residence, if in Baltimore, Give Street and Number.} 1367 N. Gilmore st

Duration of Residence in Baltimore. 21 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 10 1837

AGE: 70 years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Jacob Fink

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Elizabeth Brown

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lehman

(Address) 1367 N. Gilmore st

Filed 3/14 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: MAR 12 1908 1908

I HEREBY CERTIFY, That I attended deceased from Mch 5 1908 to Mch 12 1908

that I last saw her alive on Mch 12 1908,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

Heart Failure

(DURATION) 7 DAYS

Contributory (Primary) Heart Failure (DURATION) 10 DAYS

(Signed) Chas. H. Dubert M.D.

Address 1100 W. Lafayette Ave

Date MAR 13 1908 190

Place of Burial Reisterstown M. E. Cemetery

Date Mar 15 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10404 Registered No. B C10404

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 118 S. Arlington Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael L. Bayer

{Residence, if in Baltimore, Give Street and Number.} 118 S. Arlington Ave

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 65 years, 9 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Agnes Bayer

(Address) 118 S Arlington ave

Filed 3/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1908

I HEREBY CERTIFY, That I attended deceased from Feb 20 1908 to Jan 12 1908 that I last saw h[illegible] alive on Jan 12 1908, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Infirmities of old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. L. Lemmel M.D.

Address 1302 W. Lombard

Date Jan. 13 1908

Place of Burial St Peters

Date 3/16 1908

Undertaker Wm J Schilling

Address 98 Poplar Grove St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married, single, widowed or divorced), **birthplace, occupation, cause and date of death.**

Ward 10 C16405 Registered No. B C16405

CERTIFICATE OF DEATH. 64

(Place of Death.) No. St Joseph's Hospital ~~St.~~ (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name August Mayer

{ Residence, if in Baltimore, Give Street and Number. } 201 N. Washington Ave

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 27 1838

AGE 70 years, 11 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cigar maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John P. Uhlmann

(Address) 238 N. Chester Street

Filed 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1908

I HEREBY CERTIFY, That I attended deceased from March 5, 1908 to March 14 1908 that I last saw h im alive on March 14 1908 and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate

Cardiac Dilatation.

(DURATION) 2 DAYS

Con'tributory (Primary.) Apoplexy with Hemiplegia (DURATION) 10 DAYS

(Signed) Eugene L. Pinaqno M.D.

Address St Joseph's Hosp

Date March 14 1908

Place of Burial Baltimore Cem. Co.

Date March 17 1908

Undertaker J. B. Schuh & Son

Address 1526 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 C10403 Registered No. B C10406

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 2804 Raynor Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Frostel

{ Residence, if in Baltimore, Give Street and Number. } 2804 Raynor Ave

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Unknown 1844

AGE 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Knoetler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. H. Christ

(Address) 1900 Braddish Ave

Filed 3/14 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 13" 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 16 1908 to Mar 13 1908 that I last saw h alive on Mar 13 1908, and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation
Pulmonary Edema

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Hubert C Blake M.D.

Address 1014 W. La Fayette

Date Mar. 14. 1908

Place of Burial Western

Date March 15th 1908

Undertaker H Fisher & Sons

Address 606 W Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 9 C10407 Registered No. B C10407

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 2303 Penna. Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence Robinson

{Residence, if in Baltimore, Give Street and Number.} 2303 Penna. Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Jan 30th 1908

AGE: — years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Abraham Robinson

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lena Levy

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. L. Robinson

(Address) 2303 Penna Ave

Filed 3/14 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 12th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Manitis

from birth (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Sidney Baloomi M.D.

Address 710 Eag. av. (Coroner)

Date Mar. 12th 190 8

Place of Burial Hebrew Friendship Cem.

Date March 15th 190 8

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C10408 Registered No. B C10408 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1321 Hillman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Monohan

{ Residence, if in Baltimore, Give Street and Number. } 1321 Hillman St

Duration of Residence in Baltimore About 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 20th 1853

AGE 54 years, 2 months, 22 days

WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1321 Hillman St.

Filed 3/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 13th 1908

I HEREBY CERTIFY, That I attended deceased from About Dec 1907 to 13th March 1908 that I last saw her alive on 12th Mch 1908, and that death occurred, on the date stated above, at 12.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis Coma

(DURATION) DAYS

Contributory (Primary) Cerebral hemorrhage over 90 (DURATION) DAYS

(Signed) Geo. B. Reynolds M.D.

Address 504½ Charles St.

Date March 13th 1908

Place of Burial Cathedral Cemetery

Date March 16th 1908

Undertaker Chas. F. Evans

Address 118 & 120 W. Mt. Royal ave.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

106

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C10409

CERTIFICATE OF DEATH.

C10409

Registered No. B.....

City of Baltimore, (No. 614, N Fulton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles D Rodeman

PERSONAL AND STATISTICAL PARTICULARS

SEX: M	COLOR: W.
DATE OF BIRTH: June (Month) 23 (Day) 1907 (Year)	
AGE: — years, 8 months, 20 days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Albert Rodeman	
BIRTHPLACE OF FATHER (State or country): Balto.	
MAIDEN NAME OF MOTHER: Rezolet Drumly	
BIRTHPLACE OF MOTHER (State or country): Balto	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Rodeman

(Address) 614 N Fulton

Filed ..... 190 ..... Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar. 11 1908 to Mar 13 1908 that I last saw h[im] alive on Mar 13 1908, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis (acute)

(DURATION) 2 DAYS

Contributory Acute Depression and Convulsions (DURATION) 1 DAYS

(Signed) Wesley Cole M. D.

Mar 14 1908 (Address) 730 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	March 15 1908
UNDERTAKER	ADDRESS
W. J. Dubrow Jos	Cayadutta Penna

Ward 14 C10410 Registered No. B C10410

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 149 N Frederick St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John C Connolly

{ Residence, if in Baltimore, Give Street and Number. } 149 N Frederick St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: 1858

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Peter Connolly

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Murphy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie T Connolly

(Address) 149 N Frederick St

Filed

May 14 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20th 1908 to March 13th 1908

that I last saw him alive on Mch 10th 1908,

and that death occurred, on the date stated above, at 10 00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

& Asthenia

..... (DURATION) ..... DAYS

Contributory (Primary.) ✓

..... (DURATION) — DAYS

(Signed) John T. McCarthy M.D.

Address 6560 Franklin St

Date March 14th 1908

Place of Burial St Vincents ✓

Date March 16 1908

Undertaker Wm E Schaffer

Address 8 S Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C10411 Registered No. B C10411

CERTIFICATE OF DEATH.

(Place of Death.) No. 127 S. Bond St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William L. Wentz

{ Residence, if in Baltimore, Give Street and Number. } 127 S. Bond St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 10th 1887

AGE 21 years, 1 months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR~~ DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John B. Wentz.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Anna S. Wenchel

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Kate Wentz.

(Address) 127 S. Bond.

Filed March 14 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13, 1908.

I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1908 to March 13, 1908 that I last saw h[illegible] alive on March 13, 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date March 14, 1908

Place of Burial Mt. Darwyd

Date March 13th 1908

Undertaker Wendell Deffet & Son

Address 830 S. Bond St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 24 C10412 Registered No. B C10412

CERTIFICATE OF DEATH.

108

(Place of Death.) No. 502 Covington St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Marie Magdalena Reitz

{ Residence, if in Baltimore, Give Street and Number. } 502 Covington St

Duration of Residence in Baltimore. 46 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 1833

AGE 75 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Reitz (Daughter)

(Address) 1502 Covington St

Filed Mar 14 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1908

I HEREBY CERTIFY, That I attended deceased from 3/10 1908 to 3/13 1908

that I last saw h is alive on 3/13 1908,

and that death occurred, on the date stated above, at 9.30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal obstruction

from Torsion

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L J Turlington M.D.

Address 109 E Fort Ave

Date 3/13 1908

Place of Burial Holy Redeemer Cem.

Date Mar. 16 1908

Undertaker Arundell Lippel & Son

Address 330 S Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C10413 Registered No. B C10413

CERTIFICATE OF DEATH. 47

(Place of Death.) No. St. Joseph's Hosp. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary M. Donnell

{Residence, if in Baltimore, Give Street and Number.} 1710 Bethel St.

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Sept 10 1864

AGE 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Wm Stuhler

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Maria Mean

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Thos M Donnell

(Address) 1710 N Bethel

Filed March 14 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1908

I HEREBY CERTIFY, That I attended deceased from Feb 13 1908 to Mch 13 1908

that I last saw h[illegible] alive on Mch 13 1908

and that death occurred, on the date stated above, at 8 [illegible] M. CAUSE OF DEATH (Secondary or Immediate

Sarcoma, Duo

Hypostatic Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Sarcoma

of Ovary. (DURATION) — DAYS

(Signed) J. J. O'Connor M.D.

Address St Joseph Hosp

Date Mch 13 1908

Place of Burial St Joseph Cemetery

Date Mch 16 1908

Undertaker Robt J Turner

Address 1422 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 611 N. Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard L. Bryan

{ Residence, if in Baltimore, Give Street and Number. } 611 Calvert

Duration of Residence in Baltimore. all his C10414

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Dec 4 1905

AGE: ..... years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Napoleon Bonaparte Bryan.

BIRTHPLACE OF FATHER (State or country): Pensylvania

MAIDEN NAME OF MOTHER: Lenlla M Bryan.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lenella M. Bryan.

(Address) 611 N. Calvert St.

Filed March 14 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1908

I HEREBY CERTIFY, That I attended deceased from about 4 wks. Prior to March 12 1908 that I last saw him alive on " " 1908, and that death occurred, on the date stated above, at 5 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro spinal meningitis

about a week (DURATION) DAYS

Contributory (Primary.) Enteric colitis

many yrs duration (DURATION) DAYS

(Signed) J. A. Shemwell M.D.

Address 2226 Madison Ave.

Date March 14 1908

Place of Burial Mount Carmel

Date Mar 15th 1908

Undertaker John L. Fuller

Address 1200 N. Eutaw st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C10415 Registered No. B C10415

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Rosa Goetberg.

{ Residence, if in Baltimore, Give Street and Number. } St Vincents I. A.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH January 14 1908

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents I. A.

(Address)

Filed March 14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 13 1908

that I last saw h[illegible] alive on " " 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J.S. Fisher M.D.

Address 4-6. Biddle St

Date March 14 1908

Place of Burial ~~Mount Cathedral~~ Rosedale Cem

Date March 16 1908

Undertaker ~~Martin Gahan & Son~~ Max Lumpkin

Address ~~608 Lafayette Ave~~ 1610 McElderry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C10416 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred Crymbine

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH Feb. 11 1908

AGE ..... years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infy Asy

(Address)

Filed March 14 1908 HARRY C. ANDRAWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to 3/12 1908 that I last saw h er alive on " 12 1908 and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.S. Finlen M.D.

Address 2 E. Biddle St.

Date March 14 1908

Place of Burial New Cathedral

Date March 14 1908

Undertaker Martin Gahey and Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C10417 Registered No. B C10417

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asy (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Brownsd

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Feb 14 1908

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed March 14 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to 3-12 1908

that I last saw h alive on " " 1908

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J.S. Fisher M.D.

Address 1.6. Biddle St.

Date March 14 1908

Place of Burial New Cathedral

Date March 14 1908

Undertaker Mc Fahey and Son

Address 606 Lafayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W [illegible] Registered No. B C10418

CERTIFICATE OF DEATH.

(Place of Death.) No. Bath City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob - Sagovitch

{ Residence, if in Baltimore, Give Street and Number. } 43 E. York St

Duration of Residence in Baltimore. 1 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: 9 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S —

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Wf Sagovitch

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Berman

(Address) 712 S. Charles St

Filed 3/15 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 14 1908

I HEREBY CERTIFY, That I attended deceased from Mch 14 1908 to Mch 14 1908 that I last saw h[illegible] alive on March 14 1908, and that death occurred, on the date stated above, at 12.50 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Hydrophobia —

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W N Cohen M.D.

Address Bath City Hospital

Date March 14 1908

Place of Burial Washington Road Cemetery

Date March. 15, 1908

Undertaker M. Doyle and Sons

Address 17 E. Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name***, sex, ***age***, ***condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

77

CERTIFICATE OF DEATH.

Registered No. B C10419

City of Baltimore, (No. N 1360 Fremont St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rebecca Lee

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Black
DATE OF BIRTH	Aug- 14 1880 (Month) (Day) (Year)
AGE	26 years, 8 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	Henry Thomas
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Betsie Veney
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Joseph Johnson

(Address) 1360 Fremont ave

Filed 3/15 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 8 1908 to March 12 1908 that I last saw h er alive on March 12 1908, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Pneumonia following "grip" (DURATION) 14 DAYS

Contributory (DURATION) DAYS

(Signed) C. Thomas Ashe M. D.

March 12 1908 (Address) 1655 Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 7 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Wel Richmond Va	March 15 1908
UNDERTAKER	ADDRESS
Sam'l H. Place & Son	1400 Mosher st

Ward 10 C10420 Registered No. B [illegible]

CERTIFICATE OF DEATH. 134

(Place of Death.) No. Balto City Hospitals St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Rusk

{Residence, if in Baltimore, Give Street and Number.} 1016 N Vincent St.

Duration of Residence in Baltimore. 10 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md —

FULL NAME OF FATHER James Rusk.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/15 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 11 1908.

I HEREBY CERTIFY, That I attended deceased from Mar 11 1908 to Mar 11 1908

that I last saw h[illegible] alive on Mar 11 1908,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Infection of Pregnancy

(DURATION) 1 DAYS

Con'ributory (Primary.) Pregnancy.

(DURATION) 7 Mos. DAYS

(Signed) W W Baker M.D.

Address Balto City Md —

Date 190

Place of Burial Mt Olivet

Date March 15 1908

Undertaker R. L Parham and Co

Address 1213 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 C10421 Registered No. B C10421

50

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Brown

{ Residence, if in Baltimore, Give Street and Number. } 834 Aisquith St.

Duration of Residence in Baltimore. 12 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	25 years, — months, — days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Moses Brown
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Sara Hyman
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	Russia

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Brown

(Address) 834 Aisquith st

Filed 3/15 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15, 1908

I HEREBY CERTIFY, That I attended deceased from March 11, 1908 to March 15 1908 that I last saw h[er] alive on March 15 1908, and that death occurred, on the date stated above, at 12:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease - dilatation of R. heart

(DURATION) 3 DAYS

Contributory (Primary.) Pneumonia (incipient)

(DURATION) DAYS

(Signed) Peregrine Wroth, Jr., M.D.

Address Union Prot. Infirmary

Date March 15 1908

Place of Burial Hebrew Boardale Cemetery

Date March 15, 1908

Undertaker Max Lemmer

Address 162 & 164 Eldersley st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10422 Registered No. B

92

CERTIFICATE OF DEATH.

(Place of Death.) No. [redacted] south Carlton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Yankel Yankelowitz Caplan

{Residence, if in Baltimore, Give Street and Number.} 257 S. Carlton st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: m | COLOR: w

DATE OF BIRTH: March 14 1907

AGE: 1 years, months, days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Israel Caplan

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Jenna Caplan

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) I. Caplan

(Address) 257 S Carlton st

Filed 3/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1908

I HEREBY CERTIFY, That I attended deceased from March 14 1908 to March 14 1908

that I last saw h[illegible] alive on March 14 1908

and that death occurred, on the date stated above, at 6½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Capillary Bronchitis

(DURATION) 5 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. J. Kleeman M.D.

Address 162 Bradley

Date March 15 1908

Place of Burial Sebrina Mount Repose

Date March 15 1908

Undertaker Max Levinson

Address 1620 McCulloh st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C10423 Registered No. B C10423

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1522 ~~Balt~~ E Balt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dina Hackerman

{Residence, if in Baltimore, Give Street and Number.} 1522 E Pratt St

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 99 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Solomon Bronnerman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Nasia Bronnerman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ben Hackerman.

(Address) 1410 E. Baltimore St

Filed 3/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 14 1908

I HEREBY CERTIFY, That I attended deceased from Mch 13 1908 to Mch 14 1908 that I last saw h er alive on Mch 13 1908 and that death occurred, on the date stated above, at 7 p m. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

4 —

(DURATION) DAYS

Con'ributory (Primary.) Senility

(DURATION) DAYS

(Signed) Chas. F. Beck M.D.

Address 1523 E Baltimore St

Date Mch 14 1908

Place of Burial Helma Hering Room

Date March 15. 1908

Undertaker Max Levinson

Address 1620 N. Eldersley st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 24 C10424 Registered No. B C10424

CERTIFICATE OF DEATH.

(Place of Death.) No. 1631 Bolton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Elizabeth Luber

{Residence, if in Baltimore, Give Street and Number.} 1631 Bolton Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR White

DATE OF BIRTH Aug 18 1901

AGE 6 years, 6 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Singe

BIRTHPLACE (State or couutry) Balto city

FULL NAME OF FATHER Middleton B Luber

BIRTHPLACE OF FATHER (State or country) Prince Geo Co Md

MAIDEN NAME OF MOTHER Dorotta Bourge

BIRTHPLACE OF MOTHER (State or country) Baltimore Co Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Middleton B Luber

(Address) 1631 Bolton Ave

Filed 3/15 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15 1908

I HEREBY CERTIFY, That I attended deceased from 3.1. 1908 to 3.15 1908 that I last saw her alive on 3/15 1908, and that death occurred, on the date stated above, at 1230 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Diphtheria (DURATION) 6 DAYS

(Signed) L. Turlington M.D.

Address 102 E Fort Ave.

Date 3/15 1908

Place of Burial MOUNT OLIVET. MAR 16 1908

Date 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

10 A. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C10425 Registered No. B C10425

CERTIFICATE OF DEATH.

19

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Laura Christopher

{ Residence, if in Baltimore, Give Street and Number. } 830 Woodward St

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar 15 1896

AGE: 12 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: James A Christopher

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Hannah Shilby

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur B Crowther

(Address) 830 Woodward St

Filed 3/15 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 14. 1908 190

I HEREBY CERTIFY, That I attended deceased from Jan 19 1908 to March 14 1908 that I last saw her alive on March 14 1908, and that death occurred, on the date stated above, at 10:15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute dilatation of heart.

(DURATION) ..... DAYS

Contributory (Primary.) Endocarditis

(DURATION) ..... DAYS

(Signed) Frank S. Lynn M.D.

Address University Hospital

Date March 14 1908

Place of Burial Jackson's Creek Middlebourne Co Virginia

Date MAR 15 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C10426

C10426

CERTIFICATE OF DEATH.

120

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary E. Flaherty

{Residence, if in Baltimore, Give Street and Number.} 248 S. Collington Ave

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 1st 1853

AGE 54 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER ~~Don't know~~ Patrick Perkins

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Annie Cummings

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mrs Cummings

(Address) 248 S. Collington ave.

Filed 3/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1908

I HEREBY CERTIFY, That I attended deceased from March 8 1908 to March 13 1908 that I last saw h ex alive on March 13 1908 and that death occurred, on the date stated above, at 3.00 P. M. CAUSE OF DEATH (Secondary or Immediate) Pulmonary Tuberculosis Chronic Bronchitis Arteriosclerosis

(DURATION) 10 DAYS

Contributory (Primary.) Cellulitis of leg

(DURATION) 12 DAYS

(Signed) John F. Moore M.D.

Address St Joseph's Hospital

Date March 13th 1908

Place of Burial Holy Cross Cem.

Date Mar. 16th 1908

Undertaker John A. Moran

Address Bank - ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 10427 Registered No. B C 10427

116

CERTIFICATE OF DEATH.

(Place of Death.) No. 2036 Linden ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sigmund Hartman

{Residence, if in Baltimore, Give Street and Number.} 2036 Linden ave

C 10427

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 6. 1852

AGE: ..... years, 55 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Mistelz-Russia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Mistelz

MAIDEN NAME OF MOTHER: Rosa Hartman

BIRTHPLACE OF MOTHER (State or country): Mistelz

OCCUPATION OF DECEASED: Communal

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Hartman

(Address) 2036 Linden ave

Filed Mch 15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13th 1908

I HEREBY CERTIFY, That I attended deceased from March 1st 1908 to March 13th 1908

that I last saw him alive on March 13th 1908

and that death occurred, on the date stated above, at 7 a m.

11. CAUSE OF DEATH (Secondary or Immediate.)

Pericarditis

(Idiopathic ?)

(DURATION) 13 DAYS

Con'ributory (Primary.) Apnoea in Bay Brain (DURATION) 2 h DAYS

(Signed) Edward [illegible] M.D.

Address 208 August ave

Date March 14th 1908

Place of Burial Ballo. Hebrew Cem.

Date Mar 15 1908

Undertaker Jacob Ahrens & Co.

Address 1607 Madison ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

Ward [redacted] Registered No. B [redacted] 174

CERTIFICATE OF DEATH. C10428

(Place of Death.) No. 1032 Plum Alley St. (If Death occurred in Hospital or Institution give Name instead of Street and Number)

Full Name George Lentz

{Residence, if in Baltimore, Give Street and Number.} 1709 Byrd St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 29 1853

AGE: 54 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Henry G. Lentz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Thursta

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Heil (daughter)

(Address) 640 S. Monroe St

Filed 3/15 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 12 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 11.55 A. M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Failure

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo W Leinhardt M.D.

Address Coroner

Date March 13 1908

Place of Burial Holy Cross A A Co.

Date March 16th 1908

Undertaker Jos. Stuntebeck

Address 318 Light St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C10429 Registered No. B 164

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry C. Moon

{Residence, if in Baltimore, Give Street and Number.} 452 E. Fort ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH April 3rd 1859

AGE 48 years, 11 months, 10 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William D. Moon

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Angeline Pottee

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christina Moon wife

(Address) 452 E Fort ave

Filed 3/15 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13, 1908

I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ 1908 to ~~Jan~~ 1908

that I last saw h~~im~~ alive on ~~—~~ 1908

and that death occurred, on the date stated above, at 11.40

1. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture Skull (comp.)

Accidentally struck by

Broken chain

(DURATION) 7 DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) Benj. Dalrymple M.D.

Address 216 N Caroline Corner

Date Mar 14, 1908

Place of Burial Cedar Hill

Date March 16th 1908

Undertaker Jos. Hunteloke

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C10430 Registered No. B C10430

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1433 Cookson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Unfried

{ Residence, if in Baltimore, Give Street and Number. } 1433 Cookson St

Duration of Residence in Baltimore. 10 mos 8 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 6 th 1907

AGE 1 years, months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Louis Unfried

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Maria Miller

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Unfried

(Address) 1433 Cookson St.

Filed 3/15 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1908

I HEREBY CERTIFY, That I attended deceased from March 13 1908 to March 13 1908 that I last saw him alive on March 13 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions —

Coma - heart failure

(DURATION) ½ DAY

Contributory (Primary.) Acute Nephritis

exciting a probable Pneumonia (DURATION) about 4 DAYS

(Signed) E. Judson Miller M.D.

Address 2029 W. Baltimore St.

Date March 14, 1908

Place of Burial Cedar Hill

Date March 17 th 1908

Undertaker Jos. Hunteberg

Address 1318 Light St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., Baltimore.

Ward 24 C10431 Registered No. B C10431

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 107 E Fitting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Gorbe

{Residence, if in Baltimore, Give Street and Number.} 107 E Fitting st

Duration of Residence in Baltimore. 107 Fitting st Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH — 71

AGE 40 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Conrad Gorbe

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ~~Annie~~ Annie Miller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Carpenter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Garbe

(Address) 107 E Fitting St

Filed 3/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12th 1908

I HEREBY CERTIFY, That I attended deceased from March 7th 1908 to March 11th 1908

that I last saw him alive on March 11th 1908

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) H. H. Hayden M.D.

Address 1423 Light st.

Date March 16th 1908

Place of Burial Loudon Park

Date March 15th 1908

Undertaker Jos. Stumbles Jr

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C10432 Registered No. B C10432

CERTIFICATE OF DEATH. 61

(Place of Death.) No. 1707 Patapsco St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Geo. Hoffman

{ Residence, if in Baltimore, Give Street and Number. } 1707 Patapsco St.,

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 22 1907

AGE 1 years, — months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Geo. H. Hoffman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Martha M. Benton

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Hoffman

(Address) 1707 Patapsco St,

Filed 3/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 14 1908

I HEREBY CERTIFY, That I attended deceased from Mar 3 1908 to Mar 14 1908

that I last saw h... alive on Mar 13 1908,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary.) Acute Meningitis (DURATION) 11 DAYS

(Signed) R E L Campbell M.D.

Address 1644 Hanover

Date Mar 15 1908

Place of Burial Holy Cross R.C. Co.

Date March 16 1908

Undertaker Jos. Stuntebeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 25 C10433 Registered No. B C10433

CERTIFICATE OF DEATH.

26

(Place of Death.) No. 826 Chesapeake St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William L. Hasel

{Residence, if in Baltimore, Give Street and Number.} 826 Chesapeake St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 30 1871

AGE: 36 years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Frederick Hasel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Herschman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Hasel

(Address) 826 Chesapeake St.

Filed 3/15 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13th 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 15 1908 to March 13 1908

that I last saw h~~im~~ alive on March 11th 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Laryngeal Tuberculosis (DURATION) unknown DAYS

Con'ributory (Primary.)

Asthenia (DURATION) 3 ~~DAYS~~ weeks

(Signed) M. J. McAvoy M.D.

Address 839 S. Canton Av

Date March 14 1908

Place of Burial Oak Lawn

Date March 16th 1908

Undertaker Germanus Brand

Address 1 Bank & Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10th Registered No. B C10434

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 253 Morling Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane E. Buckley

{Residence, if in Baltimore, Give Street and Number.} 253 Morling Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH Oct 1843

AGE 64 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER W T Craig

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Susan Konig

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bates

(Address) 253 Morling Av

Filed 3/15 1908

Registrar HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 14 1908

I HEREBY CERTIFY, That I attended deceased from Feb 12 1908 to March 13 1908 that I last saw h[illegible] alive on March 13 1908, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) D W Smith M.D.

Address 256 - 8th av

Date March 16. 1908

Place of Burial Balto Cemetery

Date Mar 16 1908

Undertaker W. L. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10435

Ward 11 C10435 Registered No. B

130

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lilly Hooper

{Residence, if in Baltimore, Give Street and Number.} Sykesville Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1865

AGE: 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joseph M. Hooper

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lilly Jones

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry M. Hooper

(Address) Sykesville Md

Filed March 15 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1908 to March 15 1908 that I last saw her alive on March 15 1908 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) 1/2 DAYS

Contributory (Primary) (Postmortem) Surgical Operation March 13, 1908 (DURATION) DAYS

(Signed) W. W. Bowers M.D.

Address Maryland General Hosp.

Date March 15, 1908

Place of Burial Sykesville Md Carroll Co

Date March 15 1908

Undertaker Wm J. Tiekner & Sons

Address 425 W. Barre st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

C10436

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 3116 W North ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME J Harry Farrow

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec (Month) ..... (Day) 1869 (Year)

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Williamsport, Md.

FULL NAME OF FATHER: Jos H Farrow

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary S. Hitzel

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Pharmacist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Farrow

(Address) 3116 W. North Ave

Filed March 15 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 12 190 to Mar 15 190 8

that I last saw him alive on Mar 13 190 8,

and that death occurred, on the date stated above, at 8:

9 M. The CAUSE OF DEATH was as follows:

Cerebral apoplexy

..... (DURATION) 1 DAYS

Contributory Coma

..... (DURATION) ..... DAYS

(Signed) Jas B Houston M. D.

3 15 08 190 (Address) .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: March 16 190 8

UNDERTAKER: E M Mitchell

ADDRESS: 1201 W Fayette St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C10437 Registered No. B C10437

59

CERTIFICATE OF DEATH.

(Place of Death.) No. 123 W. 20th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss Mary H. Burton

{ Residence, if in Baltimore, Give Street and Number. } 123 W. 20th St.

C1043.7

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 14 1875

AGE 32 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Robert Claiborne Burton

BIRTHPLACE OF FATHER (State or country) Buckingham Co Va

MAIDEN NAME OF MOTHER Eliza Peyton Catlett

BIRTHPLACE OF MOTHER (State or country) Gloucester Co Va

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert C Burton

(Address) 123 W 20th St

Filed March 15 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1908

I HEREBY CERTIFY, That I attended deceased from Feb 21 1908 to Mar 14 1908 that I last saw her alive on Mar 14 1908, and that death occurred, on the date stated above, at ten P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Drug Habitation

Sixteen years (DURATION) DAYS

(Signed) H. V. Dennis M.D.

Address 114 W North Ave

Date March 14 1908

Place of Burial Loudan Park

Date March 16= 1908

Undertaker E M. Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C10438 Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 61 Jenkins Lane St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Anna Cecilia Hall

{ Residence, if in Baltimore, Give Street and Number. } 61 Jenkins Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH January 25 1908

AGE — years, 1 months, 21 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER Wm. C. Hall

BIRTHPLACE OF FATHER (State or country) Baltimore, Md

MAIDEN NAME OF MOTHER Ella J. Kirkpatrick

BIRTHPLACE OF MOTHER (State or country) Baltimore, Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Hall

(Address) 61 Jenkins Lane

Filed March 15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14th. 1908

I HEREBY CERTIFY, That I attended deceased from Jan 25 1908 to Mar 14 1908

that I last saw h.. alive on Mar 14 1908

and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

Life (DURATION) DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) Reginald J. Donny M.D.

Address 2206 York Road

Date March 14 1908

Place of Burial Old Peters

Date March 16 1908

Undertaker E. O. Kuderfeld & Son

Address 2113 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C10439 Registered No. B C10439

CERTIFICATE OF DEATH. 179

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alfred William Powers

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH About Oct. 1907

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Margaret Powers

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St. Elizabeth Home St Paul St

Filed 3/16 1908 HARRY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 13 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 10 1908 to Mar. 13. 1908 that I last saw him alive on Mar. 13 1908, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 35 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A C Gillis M.D.

Address 1519 N. Caroline St.

Date Mar. 14, 1908

Place of Burial Cathedral Cemetery

Date Mar 16 1908

Undertaker Felix B. Pyle

Address 102 E. Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex and age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C10440 Registered No. B C10440

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 223 N Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary C. Rohleder

{Residence, if in Baltimore, Give Street and Number.} 223 N. Wolfe st

Duration of Residence in Baltimore. 48 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 11 1841

AGE 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Satze

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theresa Roth

(Address) 223 N. Wolfe st.

Filed 3/16 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1908

I HEREBY CERTIFY, That I attended deceased from March 1907 to March 13 1908 that I last saw her alive on March 12 1908, and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Stomach

(DURATION) 1 1/2 yrs 6 mos

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N. Caroline st

Date March 15 1908

Place of Burial Holy Redeemer

Date March 17 1908

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10441 Registered No. B C10441

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Major Russell

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): dont No

FULL NAME OF FATHER: =

BIRTHPLACE OF FATHER (State or country): =

MAIDEN NAME OF MOTHER: =

BIRTHPLACE OF MOTHER (State or country): =

OCCUPATION OF DECEASED: =

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday

(Address) BAY VIEW ASYLUM

Filed 3/16 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1908

I HEREBY CERTIFY, That I attended deceased from March 12 1908 to March 14 1908 that I last saw him alive on March 14 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

(DURATION) ..... DAYS

Contributory (Primary.) Pneumonia

(DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date March. 16 1908

Place of Burial Laurel county

Date March 16 1908

Undertaker John W Goodwin

Address 1142 W Lill St

BY J. C. PULLEN CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C10442 Registered No. B C10442

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1912 N. Monroe St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frederick D Falck

{ Residence, if in Baltimore, Give Street and Number. } 1912 N Monroe

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 19 1850

AGE 57 years, 10 months, 22 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Casper Falck

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Regina Sherman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Chemist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret B Falck

(Address) 9129 Monroe St

Filed 3/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12 1908

I HEREBY CERTIFY, That I attended deceased from July 1906 to March 12 1908

that I last saw him alive on March 10 1908,

and that death occurred, on the date stated above, at 6.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Progressive Paralysis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. McLempoin M.D.

Address 602 S. Paca St

Date March 13 1908

Place of Burial Loudon Park

Date March 16 1908

Undertaker Jas B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10443 Registered No. B C10443

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 119 Tyson Al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Donald C. Johnson

{Residence, if in Baltimore, Give Street and Number.} 119 Tyson Al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 21 years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Richard Johnson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Clara J. Cook

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Johnson

(Address) 119 Tyson St.

Filed 3/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 13 1908

I HEREBY CERTIFY, That I attended deceased from Mar 2 1908 to Mar 13 1908 that I last saw h im alive on Mar 13 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Weakness & insanition.

..... (DURATION) ..... DAYS

Contributory (Primary.) Empyema Tuberculous

..... (DURATION) ..... DAYS

(Signed) M a Lemberg M.D.

Address 742 W Fayette St

Date Mar 14 1908

Place of Burial Laurel ✓

Date Mch 17 1908

Undertaker R. A. Elliott

Address 556 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C10444 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1243 Edward st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lena Stinard

{Residence, if in Baltimore, Give Street and Number.} 1243 Edwards st.

C10444

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: May 1860

AGE: 48 years, 10 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: ____

BIRTHPLACE OF FATHER (State or country): ____

MAIDEN NAME OF MOTHER: ____

BIRTHPLACE OF MOTHER (State or country): Baltimore Co

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie James

(Address) 1243 Edward St

Filed 3/16 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15 1908

I HEREBY CERTIFY, That I attended deceased from March 15 1908 to March 16 1908

that I last saw h alive on March 16 1908,

and that death occurred, on the date stated above, at 10 Cor

M. CAUSE OF DEATH (Secondary or Immediate.)

Secondary:

Brights Disease

Uraemia

Two days (DURATION) 2 years

Contributory (Primary.) Uraemia

Two days (DURATION) 2 DAYS

(Signed) J. Edward Fisher M.D.

Address 1410 Ajoquith St.

Date March 16th 1908

Place of Burial Mt. Zion

Date March 18 1908

Undertaker R. A. Elliott

Address 506 Reynolds ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C10445 Registered No. B

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1346 N Fremont Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Georgeana Jackson

{ Residence, if in Baltimore, Give Street and Number. } 1346 N Fremont Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellis Erb

(Address) 1346 N. Fremont

Filed 3/16 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1908

I HEREBY CERTIFY, That I attended deceased from Feb 14 1908 to March 13 1908 that I last saw h er alive on March 13 1908, and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma & Dropsy

Continued

(DURATION) 30 DAYS

Contributory (Primary.) Heart

(DURATION) 30 DAYS

(Signed) Dr G W Kennard M.D.

Address 788 Edgar Av

Date March 14 1908

Place of Burial Laurel

Date March 16 1908

Undertaker R. A. Elliott

Address 536 Ringgold Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C10446 Registered No. B C10446

CERTIFICATE OF DEATH. 119

(Place of Death.) No. 108 Warren Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Annie Maria Orr

{Residence, if in Baltimore, Give Street and Number.} 108 Warren Ave

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX Female	COLOR White	DATE OF DEATH March 14 1908
DATE OF BIRTH Oct 5 1908		I HEREBY CERTIFY, That I attended deceased from March 1908 to March 14 1908
AGE 57 years, 5 months, 9 days		that I last saw h[illegible] alive on March 14 1908
SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow		and that death occurred, on the date stated above, at 1 a m. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country) St Marys Co Md		Acute Bright's disease
FULL NAME OF FATHER Thomas Simon Orme		Uraemic Coma
BIRTHPLACE OF FATHER (State or country) Holland Island Md		(DURATION) 15 DAYS
MAIDEN NAME OF MOTHER E. Jane McNamara		Contributory (Primary.)
BIRTHPLACE OF MOTHER (State or country) Dorchester Co Md		(DURATION) DAYS
OCCUPATION OF DECEASED Housework		(Signed) J. H. Hammond M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		Address 831 Light St
(Informant) Mother		Date March 16 1908
(Address) 108 Warren Ave		Place of Burial MOUNT OLIVET.
Filed 3/16 1908		Date MAR 16 1908
HARRY O. ANDREWS, PERMIT CLERK. Registrar		Undertaker Armstrong Denny Co.,
		Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C10447 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frank B. Rowles

{Residence, if in Baltimore, Give Street and Number.} 906 Battery ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 29th 1897

AGE: 10 years, 6 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Bates

FULL NAME OF FATHER: Wesley W. Rowles

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Julia M. Daniels

BIRTHPLACE OF MOTHER (State or country): D. C.

OCCUPATION OF DECEASED: School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Rowles

(Address) 906 Battery Ave

Filed 3/16 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15th 1908

I HEREBY CERTIFY, That I attended deceased from March 12th 1908 to March 15 1908 that I last saw h-- alive on March 15 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Hydrophobia

(DURATION) 3 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) H. H. Hayden M.D.

Address 1425 Light st

Date March 15th 1908

Place of Burial London Park

Date Mar 17 1908

Undertaker Armstrong Denny Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C10448 Registered No. B 94

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence ~~Bessie~~ McDonald

{ Residence, if in Baltimore, Give Street and Number. } 532 Caroline Ally.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 27 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: Stewart Booth

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Mary A. Owens

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie Steward

(Address) 430 N Dallas St.

Filed 3/16 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1908

I HEREBY CERTIFY, That I attended deceased from March 12 1908 to March 13 1908 that I last saw her alive on March 13 1908, and that death occurred, on the date stated above, at 6 45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

~~Enteritis~~

Chronic Pleurisy.

Arthritis - at Knee.

(DURATION) DAYS

Contributory (Primary.) Enteritis. (DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date March 14 1908

Place of Burial Mt Auburn Cemetery

Date March 16th. 1908

Undertaker Felix B. Pepe

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C10449 Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 2024 Wilhelm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry H. Miller

{ Residence, if in Baltimore, Give Street and Number. } 2024 Wilhelm St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 28, 1868

AGE 39 years, 10 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Frank Miller

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Teresa Miller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. Miller

(Address) 2024 Wilhelm St

Filed 3/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14, 1908

I HEREBY CERTIFY, That I attended deceased from Dec 19, 1907 to March 14 1908 that I last saw him alive on March 13 1908, and that death occurred, on the date stated above, at 6.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bright's

(DURATION) 4 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 85 DAYS

(Signed) M. D. Miller M.D.

Address 1315 Hollins St

Date March 14. 1908

Place of Burial Cathedral

Date March 17th 1908

Undertaker A. Kraul & Son

Address 807 Columbus Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C10450

C10450

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 1000 Cathedral St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Hunter Coales

{Residence, if in Baltimore, Give Street and Number.} 1000 Cathedral St

Duration of Residence in Baltimore, Forty Four Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 13th 1836 1836

AGE 72 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) East Nantmeal Township Chester Co. Pa

FULL NAME OF FATHER Leonard L. Roberts

BIRTHPLACE OF FATHER (State or country) Chester Co. Pa -

MAIDEN NAME OF MOTHER Rachel B Evans -

BIRTHPLACE OF MOTHER (State or country) Chester Co. Pa -

OCCUPATION OF DECEASED None -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Martin M.D.

(Address) 1000 Cathedral St

Filed 3/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 24th 1908 to Mar 14th 1908 that I last saw her alive on Mar 13th 1908, and that death occurred, on the date stated above, at 9 a M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (hypostatic)
Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Chronic Gastritis

(DURATION) 90 DAYS

(Signed) C. F. Mitchell M.D.

Address 1002 Cathedral St

Date Mar 15th 1908

Place of Burial Loudon Park Cem'y

Date March 16th 1908

Undertaker Henry W. Dent Sons & Sons

Address 300 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C10451 Registered No. B C10451

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 232 W. Lafayette ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph R Baugher

{Residence, if in Baltimore, Give Street and Number.} 232 W. Lafayette ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH 1

AGE 53 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph C. Baugher

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Emily Bevan

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Literary

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Imogen Baugher

(Address) 232 W. Lafayette Ave

Filed 3/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1908

I HEREBY CERTIFY, That I attended deceased from March 9 1908 to March 14 1908 that I last saw him alive on March 14 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia Both Lungs

one week (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Thos. P. McCormick M.D.

Address 1421 Eastern Place

Date March 15 1908

Place of Burial New Cathedral Cem

Date March 16th/08 1908

Undertaker Henry H. Jenkins & Sons Co

Address 300 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10452 Registered No. B C10452

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 2225 E Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rev. W.m C. Stoudenmire

{ Residence, if in Baltimore, Give Street and Number. } 2225 E Baltimore st

C 10452

Duration of Residence in Baltimore. 11 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	October 3rd 1852
AGE	55 years, 5 months, 11 days
~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~	Married
BIRTHPLACE (State or country)	South Carolina
FULL NAME OF FATHER	don't Know
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jodie E Stoudenmire

(Address) 2225 E Baltimore St

Filed 3/16 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 14 1908

I HEREBY CERTIFY, That I attended deceased from Mar 8 1908 to Mar 14 1908 that I last saw him alive on Mar 14 1908 and that death occurred, on the date stated above, at 1.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Con ributory (Primary)

(DURATION) DAYS

(Signed) Fred M Camalier M.D.

Address 2224 E Baltimore St

Date Mar 14 — 1908

Place of Burial London Park Cemetery

Date March 17th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument St

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10453 Registered No. B C10[illegible]

109

CERTIFICATE OF DEATH.

(Place of Death.) No. 1154 N Calhoun St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Brown

{Residence, if in Baltimore, Give Street and Number.} 1154 Calhoun St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: William Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Molley Wayne

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Brown

(Address) 1154 N. Calhoun st

Filed 3/16 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 15 1908

I HEREBY CERTIFY, That I attended deceased from March 12 1908 to March 15 1908 that I last saw him alive on March 14 1908, and that death occurred, on the date stated above, at 1-20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Constipation

Contipsed & Spasms

(DURATION) 3 DAYS

Con ributory (Primary.) Constipation

(DURATION) 3 DAYS

(Signed) Dr. C. W. Hammard M.D.

Address 708 Ensor St

Date March 15 1908

Place of Burial Laurel Cemetery

Date March 17 1908

Undertaker Felix B. Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10454 Registered No. B C10454

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charlotte Allen

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Charlott Allen

BIRTHPLACE OF FATHER (State or country): Easton Shore

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ridgley

(Address) 528 Fayett st

Filed 3/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... March 14 1908

I HEREBY CERTIFY, That I attended deceased from March 11 1908 to March 14 1908 that I last saw h[illegible] alive on March 14 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

..... (DURATION) ..... DAYS

Contributory (Primary.) Nephritis

..... (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date March 15 1908

Place of Burial Asbury Cemetery

Date 16 March 1908

Undertaker John W Henderson

Address 31 N Caroline st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C10455 Registered No. B C10455

CERTIFICATE OF DEATH.

(Place of Death.) No. 819 S. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Frank~~ William Kurek

{ Residence, if in Baltimore, Give Street and Number. } # 819 S. Luzerne St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 46 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: William Kurek.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Agnes Hasiak.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ~~Frank~~ Franz Kurek.

(Address) 819 S. Luzerne St

Filed 3/16 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 15th 1908

I HEREBY CERTIFY, That I attended deceased from March 9 1908 to March 15 1908 that I last saw him alive on March 14 1908, and that death occurred, on the date stated above, at 8:10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Ave

Date March 15 1908

Place of Burial Holy Rosary.

Date MAR 17 1908 1908

Undertaker M. F. SADOWSKI

Address 703 S. ANN ST.
BALTIMORE, MD.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C10456 Registered No. B C10456

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1629 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Boleslaus Mroczek

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life time C10456.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 3D 1908

AGE: ..... years, 8 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Paul Mroczek

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Helen Zlichowski

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Mroczek

(Address) 1629 Lancaster

Filed 3/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 15 1908

I HEREBY CERTIFY, That I attended deceased from March 14 1908 to March 14 1908 that I last saw h.. alive on March 14 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsion (DURATION) DAYS

Contributory (Primary.) Convulsion (DURATION) DAYS

(Signed) J. J. Sumner M.D.

Address 722 S. Ann st

Date March 15th 1908

Place of Burial Holy Rosary

Date March 16 1908

Undertaker Joseph Zbanowski

Address 1703 Aliceanna st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or siugle) of the person deceased, and the **cause and date of death.**

Ward 10 C10457 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. #2002 Orleans St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry G. Quaty

{ Residence, if in Baltimore, Give Street and Number. } #2002 Orleans St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug. 17th 1881 1
AGE	26 years, 6 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Christopher Quaty
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Margareth Severin
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christopher Quaty

(Address) 2002 Orleans St

Filed 3/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1908 to March 13 1908

that I last saw h[illegible] alive on March 11th 1908,

and that death occurred, on the date stated above, at 5.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Albertus Cullen M.D.

Address 1828 E. Balto. St.

Date March 13th 1908

Place of Burial Oak Lawn Cemetery

Date 3/16/08 190

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10458

City of Baltimore, (No. 3711, Chestnut ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Grace Harris

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Sept 24 1902 (Month) (Day) (Year)
AGE	6 years, 7 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Walter. Harris
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Grace Williams
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	School girl.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter. Harris.

(Address) 3711 Chestnut ave

Filed 3/16 1908

HARRY O. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from February 10 1908 to March 14 1908 that I last saw her alive on March 14 1908, and that death occurred, on the date stated above, at 9. P. M. The CAUSE OF DEATH was as follows:

Mitral Valve Insufficiency with marked dilatation of Heart

(DURATION) 32 DAYS

Contributory following Measles two Years ago

(DURATION) DAYS

(Signed) J. J. Kelley M. D.

March 15 1908 (Address) 3849 Rolandave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Marys. Hampden	Mar 16 1908
UNDERTAKER	ADDRESS
Wm. E. Chenoweth & Son	919-3rd ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 27 C10459 Registered No. B C10459

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 42 E. York St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number

Full Name Albert Bowness

{Residence, if in Baltimore, Give Street and Number.} 42 E. York St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Don't know 1

AGE 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Joseph Bowness

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Margaret —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Junk dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Bowness (nephew)

(Address) 813 W. Cross St

Filed 3/16 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 5 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw him ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate.

Phthisis Pulmonalis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Geo. M. Kleinhardt M.D.

Address Coroner

Date March 13 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 14 1908 190

Undertaker Commissioner Health, Per Wm. E. WOODALL,

Address

Body at the Morgue

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

50

Ward 5 C10460 Registered No. B C10460

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Jail St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Gibson alias Foster

{ Residence, if in Baltimore, Give Street and Number. } Low St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 6 1908

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Matthews Co. Va

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj. D. Hamilton

(Address) 126 N. Caroline st

Filed 3/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 6th 1908

I HEREBY CERTIFY, That I attended deceased from Coroner's Case 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Double Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D. Hamilton Coroner M.D.

Address 126 N. Caroline st

Date March 7 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 14 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES,

Morgue

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

51

Ward ..... C10461 Registered No. B C10461

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Boehm

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH ..... 1 .....

AGE 23. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) N.Y.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYL...

Filed 3/16 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12th. 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 7 1908 to March 12 1908 that I last saw him alive on March 12 1908 and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

..... (DURATION) .....

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) .....

(Signed) Robt. P. Bay M.D.

Address Bay View

Date March 12 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 14 1908 190

Undertaker Geo Thompson

Address 1805 Hope St

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

55

Ward ..... C10462 Registered No. B 27

CERTIFICATE OF DEATH. C10462

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Posey

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Shirt maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday

(Address) BAY VIEW ASYLUM.

Filed 3/16 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March. 12 1908

I HEREBY CERTIFY, That I attended deceased from March. 7 1908 to March. 12 1908 that I last saw h-im alive on March 1908, and that death occurred, on the date stated above, at 6 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

E. haustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date March. 13 1908

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date MAR 14 1908 190...

Undertaker Geo Thompson

Address 1808 Hope St

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5-5

Ward ..... C10463 Registered No. B .....

CERTIFICATE OF DEATH. C10463

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Louisa Harris.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March. 13. 1908

I HEREBY CERTIFY, That I attended deceased from March 12 1908 to March 13 1905

that I last saw h[illegible] alive on Mar. 12 1908

and that death occurred, on the date stated above, at 10[illegible]

9 M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) ..... DAYS

Contributory (Primary.) [illegible] Nephritis

(DURATION) ..... DAYS

(Signed) Robt. P. Bay. M.D.

Address Bay View

Date March. 13 1908

Place of Burial: JOHNS HOPKINS HOSPITAL MAR 14 1908

Date ..... 190...

Undertaker Geo Thompson

Address 1805 Rose-St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

55

Ward ..... 6 ..... 61464 ..... Registered No. B .....

CERTIFICATE OF DEATH.

27

Place of Death.) No. 328 S. Caroline St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Fabish

{ Residence, if in Baltimore, Give Street and Number. } 328 S. Caroline St.

Duration of Residence in Baltimore. 16 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Joe Fabish

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rosa Bar.

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam B. Fabish

(Address) 328 S. Caroline St

Filed 3/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March. 16 1908

I HEREBY CERTIFY, That I attended deceased from 3.16 1908 to 3.16 1908

that I last saw h Es alive on 3.16 1908,

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chr. Pulm. T. B.

2 yrs. (DURATION) DAYS

Contributory (Primary.) Cardiac Dis (DURATION) DAYS

(Signed) S. L. Katzoff

Address 116 S. Eutaw St.

Date 3. 16. 1908

Place of Burial Hebrew Woodlawn Cemetery

Date March. 16, 1908

Undertaker Mark Lennon

Address 320 N. Eden St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

5 6

(Place of Death.) No. 1034 Wilmer alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Smith -

{ Residence, if in Baltimore, Give Street and Number. } 1034 Wilmer alley

C 10465

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Easton Shore Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) — — —

MAIDEN NAME OF MOTHER Priscilla Bruce

BIRTHPLACE OF MOTHER (State or country) Easton Shore Md

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Smith

(Address) 1034 Wilmer Alley

Filed 3/16 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1908

I HEREBY CERTIFY, That I attended deceased from March 10 1908 to March 11 1908 that I last saw h.er alive on March 11 1908, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Alcoholism,

annual years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. A. Mahus M.D.

Address 1711 Madison ave,

Date March 14 1908

Place of Burial Mt Auburn Cemt

Date Mar 16th 1908

Undertaker Geo H. Holland

Address 112 E Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3d C10466 Registered No. B

CERTIFICATE OF DEATH. 50

(Place of Death.) No. 27 S Carolinest. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Timotheus A. D Stiemke

{ Residence, if in Baltimore, Give Street and Number. } 27 S Carolinest.

Duration of Residence in Baltimore. 19 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Aug 24 1847

AGE: 60 years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Wisconsin

FULL NAME OF FATHER: Karl Aug Stiemke

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Wilhelmine Lissner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anna Stiemke

(Address) 27 S Carolinest

Filed 3/16 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14th 1908

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to March 14th 1908 that I last saw h in alive on March 14th 1908 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes

(DURATION) 10½ Years

Con'ributory (Primary.) —

(DURATION) DAYS

(Signed) Edw. M. Snyrwood M.D.

Address 57 N. Washington st.

Date March 15th 1908

Place of Burial Emmanuel Cemetery

Date March 17 1908

Undertaker Louis Heimann

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 28 Albemarle St

St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Libertina Lo Antonio ~~Libertina~~

{Residence, if in Baltimore, Give Street and Number.} 28 Albemarle St

Duration of Residence in Baltimore. life C10467

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar 4 1908

AGE ..... years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Vincenzo DeAntonio

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Agusta Bevalegua

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vincenzo DeAntonio

(Address) 28 Ausquith St

Filed 3/16 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 15 1908

I HEREBY CERTIFY, That I attended deceased from Mar 15 1908 to Mar 15 1908 that I last saw her alive on Mar 15 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Premature baby.
7 mos

(DURATION) ..... DAYS

Contributory (Primary.)
Asthenia (DURATION) 2 DAYS

(Signed) M Dettatata M.D.

Address 827 Ausquith

Date Mar 16 1908

Place of Burial Old Methodist Cemetery

Date March 16 1908

Undertaker Louis Hermann

Address 32 S Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

93

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C10468

Registered No. B.....

City of Baltimore, (No. 408 N. Regester St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Queenie Hurst.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 22 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Jack. Hurst

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Sarah Colston

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED House work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Hurst

(Address) 1507 Wilkens Ave

Filed 3/16 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 12 1908 to Mar 13 1908 that I last saw h.e alive on Mar 12 1908 and that death occurred, on the date stated above, at 9 30 M. The CAUSE OF DEATH was as follows:

Pneumonia

12 (DURATION) DAYS

Contributory .....

Exhaustion (DURATION) DAYS

(Signed) Martin N White M. D.

March 14 1908 (Address) 1101 N. Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cem	March 16 1908
UNDERTAKER	ADDRESS
R A Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

Ward 10 C10469 Registered No. B C10469

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 13 N. Washington St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name August E Fedoroff

{Residence, if in Baltimore, Give Street and Number.} 13 N. Washington

Duration of Residence in Baltimore. 15 year.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W.

DATE OF BIRTH Nov 20 1877

AGE 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) [illegible]

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Molder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Fedoroff

(Address) 134 Washington St

Filed 3/16 1908

CATHY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13th 1908

I HEREBY CERTIFY, That I attended deceased from March 8th 1908 to March 13th 1908 that I last saw him alive on March 13th 1908 and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Cardiac failure

(DURATION) one DAY

Con'tributory (Primary) Pleuro-Pneumonia

(DURATION) six DAY

(Signed) Fred. W. Conradi, M.D.

Address 1131 E Baltimore St

Date March 14th 1908

Place of Burial Oak Lawn

Date Mar 16 1908

Undertaker Robt Timmes

Address 1144 W. Pratt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] Registered No. B [illegible]

156

CERTIFICATE OF DEATH.

(Place of Death.) No. 723 Rabun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name J. Donnelle Neal

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. 3 mos

C10470

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR ~~Female~~ White

DATE OF BIRTH 8-20-1875

AGE 23 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER do not know

BIRTHPLACE OF FATHER (State or country) do not know

MAIDEN NAME OF MOTHER do not know

BIRTHPLACE OF MOTHER (State or conatry) do not know

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Ahrens

(Address) 1607 Madison ave

Filed 3/16 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 14 1908

I HEREBY CERTIFY, That I attended deceased from (illegible) 1908 to [illegible] 190[illegible]

that I last saw h[illegible] alive on [illegible] 190[illegible],

and that death occurred, on the date stated above, at [illegible]

[illegible]. CAUSE OF DEATH (Secondary or Immediate)

Suffocating by gas, evidently done while suicide insane.

(DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) J. D. Feldhaus M.D.

Address 211 W. Lanvale

Date 3-14- 1908

Place of Burial Mt Olivet Cem

Date Mar 16 1908

Undertaker Jacob Ahrens & Co

Address 1607 Madison ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C10471 Registered No. B C10471

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruby Fisher alias Lizzie Dunn.

{ Residence, if in Baltimore, Give Street and Number. } 1607 Madison ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: — 10 — 12 — 1881

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): N.Y

FULL NAME OF FATHER: do not Know

BIRTHPLACE OF FATHER (State or country): do not Know

MAIDEN NAME OF MOTHER: do not Know

BIRTHPLACE OF MOTHER (State or country): do not Know

OCCUPATION OF DECEASED: housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 21 1905 to March. 14 1908 that I last saw h[illegible] alive on March 14 1908 and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date March. 14 1908

Place of Burial London Park Cem

Date Mar 16 1908

Undertaker Jacob Ahrens & Co

Address 1607 Madison ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] Registered No. B [illegible]

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 921 E. Biddle St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephen Fitzgerald

{ Residence, if in Baltimore, Give Street and Number. } 921 E. Biddle St.

C 10472

Duration of Residence in Baltimore. 44 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 54 years, — months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Edward Fitzgerald

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Fitzgerald

(Address) 921 E Biddle St.

Filed 3/16 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14th 1908

I HEREBY CERTIFY, That I attended deceased from March 4th 1908 to March 14th 1908

that I last saw h[illegible] alive on " 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) 5 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 90 DAYS

(Signed) J. S. Fisher M.D.

Address 921 E. Biddle St.

Date March 14th 1908

Place of Burial New Cathedral Cem-

Date March 17 1908,

Undertaker Mc Ginnis - Carroll

Address 1227 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C10473 Registered No. B

CERTIFICATE OF DEATH. 11v

(Place of Death.) No. St Lukes Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mr. Thos. Hand

{Residence, if in Baltimore, Give Street and Number.} 539 Wilson St.

C 10473

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1858

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Hand

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Gurity

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Longshoreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth McCormick

(Address) 4 Rutter St

Filed 3/16 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1908

I HEREBY CERTIFY, That I attended deceased from Mar 1 1908 to Mar 14 1908 that I last saw h alive on Mar 13 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure
induced by Pericardial
effusion

(DURATION) DAYS

Contributory (Primary.) Cirrhosis of Liver (DURATION) 3 Days

(Signed) E. J. Cole M.D.

Address 1534 Mt Royal Ave

Date March 14th 1908

Place of Burial Green Mt Cathedral

Date March 17th 1908

Undertaker M Fahey & Sons

Address 606 E Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C10474

64

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Martha Norris

{Residence, if in Baltimore, Give Street and Number.} 1 Mayfair Lane

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH —— 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) family

(Address) Cockeysville md

Filed 3/16 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15, 1908

I HEREBY CERTIFY, That I attended deceased from March 4 1908 to March 15 1908

that I last saw h er alive on March 15 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) 1 DAY

Con'tributory (Primary.) Hemiplegia —

Apoplexy. (DURATION) 8 DAYS

(Signed) Eugene L Pessagno M.D.

Address St Joseph's Hospital

Date March 15 1908

Place of Burial Cockeysville Md

Date March 16th 1908

Undertaker R Hillcott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10475 Registered No. B C10475

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 1209 E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Burke

{ Residence, if in Baltimore, Give Street and Number. } 1209 E. Preston St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1818

AGE 90 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Daniel O'Connor

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. F. O'Connor

(Address) 1209 E. Preston St.

Filed 3/16 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14th 1908

I HEREBY CERTIFY, That I attended deceased from February 26 1908 to March 14 1908 that I last saw h[illegible] alive on May 13 1908 and that death occurred, on the date stated above, at 2-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Senile Decay.
A.M. age

(DURATION) — DAYS

Con'ributory (Primary.)

(DURATION) — DAYS

(Signed) J. A. Heard M.D.

Address 203 Wrightsville St

Date March 14 1908

Place of Burial St. Vincents Cemetery

Date March 17" 1908

Undertaker Chas. F. Evans

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

7

(Place of Death.) No. 1605 Cole St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Elizabeth Campaigne

{ Residence, if in Baltimore, Give Street and Number. } 1605 Cole, St

C10476

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 17 1880

AGE: 27 years, 4 mont's, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Krueger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katie Peters

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Campaigne

(Address) 1605 Edie St

Filed 3/17 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 1908

I HEREBY CERTIFY, That I attended deceased from March 11 1908 to March 15 1908 that I last saw h[er] alive on March 15 1908, and that death occurred, on the date stated above, at 3.00 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Scarlet Fever

(DURATION) 4 DAYS

Contributory (Primary.) Nephritis Coma

(DURATION) 1 DAYS

(Signed) Thos L. Schooler M.D.

Address 449 S. Paca St
Mt Pitalicia no 2.
827 Aisquith St

Date March 16 1908

Place of Burial Holy Redeemer.

Date 3/17 1908

Undertaker Wm J Scullin

Address 913 Popplerton St

WM. J. C. DULANY CO., BALTIMORE.

C.D. Time Extended 24 hrs. - March 17.08

Ward 13 C10477 Registered No. B

54

CERTIFICATE OF DEATH.

(Place of Death.) No. 1625 ~~Lancaster~~ Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franzis Makowska

C10477

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. 19 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1840

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Tomas Sawlak

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rosalia Siwinska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Gisch

(Address) 1625 Lancaster St

Filed 3/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 15 1908

I HEREBY CERTIFY, That I attended deceased from March 14 1908 to March 14 1908

that I last saw h[illegible] alive on March 14 1908,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Old Age (DURATION) ..... DAYS

Contributory (Primary.) Pernicious Anemia (DURATION) ..... DAYS

(Signed) S. J. Szymanski M.D.

Address 722 S. Ann St

Date March 16 1908

Place of Burial Holy Rosary

Date March 17 1908

Undertaker Jacob Fialkowski

Address 428 S. Bond St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C10478 Registered No. B

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 758 Vine St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Marie Camper

{Residence, if in Baltimore, Give Street and Number.} 758 Vine St

Duration of Residence in Baltimore. 8 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH 1870

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER Sam'l Camper

BIRTHPLACE OF FATHER (State or country) D.C.

MAIDEN NAME OF MOTHER Mary A Camper

BIRTHPLACE OF MOTHER (State or country) D.C.

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Camper

(Address) 758 Vine St

Filed 3/16 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1908

I HEREBY CERTIFY, That I attended deceased from Feb 29 1908 to March 14 1908 that I last saw her alive on March 13 1908 and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Houston

(DURATION) 7 DAYS

Contributory (Primary.) Croupous Pneumonia (DURATION) 14 DAYS

(Signed) John E Huelo M.D.

Address 647 W Lombard

Date March 14 1908

Place of Burial Mt Auburn Cem

Date March 17th 1908

Undertaker Wm H Case Sons

Address 1400 Monroe St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

119

CERTIFICATE OF DEATH.

Registered No. B 010479

City of Baltimore, (No. 333 State St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John A Gross

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: ..... (Month) ..... (Day) 1878 (Year)

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Isaac Gross

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Cornelia Drakym

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Cornelia Gross

(Address) 333 State St

Filed 3/16 1908

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 11 1908 to Mar 15 1908 that I last saw h.. alive on Mar 14 1908, and that death occurred, on the date stated above, at 1.45 A. M. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) 7 DAYS

Contributory Uremia

(DURATION) ..... DAYS

(Signed) William E Burke M. D.

Mar 15 1908 (Address) 762 Dolphin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem Mch 17 1908

DATE OF BURIAL

UNDERTAKER: Saml W. Crane Sons

ADDRESS: 1400 Madison

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 116 W Mountgumby St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Alfred G Manor

{Residence, if in Baltimore, Give Street and Number.} 116 W Mountgumby St

C 10480

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: col

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~: Sin

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Richard Manor

BIRTHPLACE OF FATHER (State or country): N.C.

MAIDEN NAME OF MOTHER: Mrs Julia cromer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia cromer

(Address) 116 W Mountgumby

Filed March 16" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 1908

I HEREBY CERTIFY, That I attended deceased from March 8 1908 to March 14 1908

that I last saw h— alive on March 14 1908,

and that death occurred, on the date stated above, at 730 A. M. CAUSE OF DEATH (Secondary or Immediate)

Colitis

(DURATION) 14 DAYS

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) Howard D Lewis M.D.

Address 423 Hanover

Date March 15 1908

Place of Burial Mt auburn cemty

Date March 17 1908

Undertaker John W Jandrin

Address 142 W Hill St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 12 Registered No. 131

CERTIFICATE OF DEATH.

(Place of Death.) No. Bellevue City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie Hardesty

{Residence, if in Baltimore, Give Street and Number.} 909 Monroe St.

C 10481

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M—

BIRTHPLACE (State or country): Ind.

FULL NAME OF FATHER: Jacob Henry

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louisa Meyers

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jac Meyers

(Address)

Filed 3/17 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 15 1908

I HEREBY CERTIFY, That I attended deceased from Mch 8 1908 to Mch 15 1908 that I last saw h[illegible] alive on Mch 15 1908 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Parovarian Cyst
& Peritonitis

(DURATION) 5 DAYS

Con'tributory (Primary.) Septic Endocarditis

(DURATION) DAYS

(Signed) W. W. Baker M.D.

Address Balto City Hospitals

Date Mch 17 1908

Place of Burial Oheb Sholom Cem

Date 3/17/08 1908

Undertaker J. A. Brenaman

Address 1607 Mead Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. C10482

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. B C10482

City of Baltimore, (No. 1504 McCulloh St.; 14th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Johanna Meyer

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan (Month) 29th (Day) 1838 (Year)

AGE 70 years, 1 months, 16 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Solomon Rosenthal

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lina Nachman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Meyer

(Address) 1504 McCulloch St

Filed 3/17 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 15th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1st 1908 to March 15 1908 that I last saw h[er] alive on March 14 1908, and that death occurred, on the date stated above, at 5 A.M. The CAUSE OF DEATH was as follows:

Myocarditis
with dilatation

dilatation (DURATION) 8 DAYS

Contributory General Asthenia
3 months (DURATION) DAYS

(Signed) Joseph Eichner M. D.

March 16 1908 (Address) 1576 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Chev Sholom Cem | DATE OF BURIAL 3/17 1908

UNDERTAKER J A Kreuse Co | ADDRESS 1607 Mad ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 22 C10483 Registered No. B C10483

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Young.

{ Residence, if in Baltimore, Give Street and Number. } 640 Burgundy Alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: 1

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): East. O. C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BAY VIEW ASYLUM

(Informant)

(Address)

Filed 3/17 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 1908

I HEREBY CERTIFY, That I attended deceased from March 10 1908 to March 14 1908 that I last saw h.. alive on March 14 1908, and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date March 14 1908

Place of Burial Sacred Heart

Date Mar. 17" 1908

Undertaker Chas H. Evans

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10

CERTIFICATE OF DEATH.

65

(Place of Death.) No. 737 E. 35th Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Heal

{ Residence, if in Baltimore, Give Street and Number. } 737 E 35th Street

C 10484

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 28 1823

AGE: 85 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Ellie Hudson

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: machenist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise Heal

(Address) 737 E 35th Street

Filed 3/17/8 190

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch 14 1908

I HEREBY CERTIFY, That I attended deceased from Mch 2 1908 to Mch 14 1908

that I last saw him alive on Mch 14 1908,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (~~Secondary~~ Primary or Immediate)

Cerebral softening + general debility of age.

Ad. Mos

(DURATION) DAYS

Contributory (~~Primary~~) Secondary Dysentery

+ collapse (DURATION) 12 DAYS

(Signed) Wm H Fed Heaman M.D.

Address 800 1st Ave

Date Mch 15 1908

Place of Burial St Marys (Hamden)

Date March 17 1908

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 (10485) Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1335 York Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie E Smith

{ Residence, if in Baltimore, Give Street and Number. } 1335 York Road

Duration of Residence in Baltimore. 5 years C 10485

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Apr 21 1884

AGE: 23 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Benjamin Guyton

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Hannah W. McFadden

BIRTHPLACE OF MOTHER (State or country): Harford Co Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David A. Smith

(Address) 1335 York Rd.

Filed 3/17 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15 1908

I HEREBY CERTIFY, That I attended deceased from March 13 1908 to March 15 1908

that I last saw her alive on March 15 1908,

and that death occurred, on the date stated above, at 7 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Asthenia.

(DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) 1 4/12 DAYS

(Signed) H McFadden M.D.

Address 2631 E Pratt St

Date 3/16/08 1908

Place of Burial Loudon Park

Date March 18/08 1908

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B

CERTIFICATE OF DEATH.

120

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Place of Death.) No. 232 W Lafayette ave St.

Full Name Margaret Moore Piggot

{Residence, if in Baltimore, Give Street and Number.} 1424 N Lanvale St

Duration of Residence in Baltimore. Life

C10486

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ——— 1852

AGE 56 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Absonden Piggot M.D.

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margaret Moore

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Artist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William M Super

(Address) 1424 N. Lanvale St.

Filed 3/17 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 1908

I HEREBY CERTIFY, That I attended deceased from March 16 1908 to March 16 1908 that I last saw her alive on March 16 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia & Coma due to Nephritis

Two hours (DURATION) DAYS

Contributory (Primary.)

Nephritis (DURATION) DAYS

(Signed) Thos. F. McCormick M.D.

Address 1424 Eutaw Place

Date March 16 1908 1908

Place of Burial Greenmount Cem

Date March 19 1908 1908

Undertaker Henry M. Jenkins & Son Co

Address 300 N. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C10487 Registered No. B C10487

CERTIFICATE OF DEATH.

(Place of Death.) No. 1523 Dallas St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Turnbull Frick

{Residence, if in Baltimore, Give Street and Number.} 1523 Dallas St

Duration of Residence in Baltimore. 43 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 6th 1832

AGE 75 years, ✓ months, ✓ days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) D.C.

FULL NAME OF FATHER William Turnbull

BIRTHPLACE OF FATHER (State or country) U.S.

MAIDEN NAME OF MOTHER Jane Ramsay

BIRTHPLACE OF MOTHER (State or country) U.S.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Frick

(Address) 1523 Dallas St.

Filed 3/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15th 1908

I HEREBY CERTIFY, That I attended deceased from March 14th 1908 to March 15th 1908

that I last saw h[er] alive on March 14th 1908,

and that death occurred, on the date stated above, at 2 - A. M. CAUSE OF DEATH (Secondary or Immediate.)

Shock following kidney colic

16 hours (DURATION) — DAYS

Contributory (Primary.) Infirmity of age

(DURATION) — DAYS

(Signed) C. M. Van Ness M.D.

Address 200 W. Lafayette Ave.

Date March 15th 1908

Place of Burial Greenmount

Date March 17th 1908 190

Undertaker Helo Jenkins Son Co

Address 300 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

Sept 6

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C10488 Registered No. B C10488

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 213 W. Lanvale St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie Brockenbrough Crowe.

{Residence, if in Baltimore, Give Street and Number.} About four years.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH 1874 July 1

AGE 33 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Richmond Co. Va

FULL NAME OF FATHER William Austin Brockenbrough.

BIRTHPLACE OF FATHER (State or country) Richmond Co, Va

MAIDEN NAME OF MOTHER Lottie Beadles.

BIRTHPLACE OF MOTHER (State or country) Louisa Co. Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary M. Brockenbrough.

(Address) 0716 W. Grace St. Richmond Va

Filed 3/17 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1907 to March 16 1908

that I last saw her alive on March 16 1908.

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Adler M.D.

Address 1804 Madison ave

Date March 16 1908

Place of Burial Sharpe Wharf Richmond Co Va

Date March 17th 1908

Undertaker H. W. Jenkins Sons. Co

Address 300 Madison St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C10489 Registered No. B

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 803 Stirling St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Williams Jones

{Residence, if in Baltimore, Give Street and Number.} 803 Stirling St

Duration of Residence in Baltimore. 15 Years C10489

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 32 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) NC.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Jones

(Address) 803 Sterling St

Filed 3/17 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 13 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 10 1/2

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Carmello M.D.

Address Coroner

Date Mar. 16 1908

Place of Burial Laurel Cem

Date Mch 18 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C10490 Registered No. B C10490

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 244 S Spring St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Rachel Johnson

{ Residence, if in Baltimore, Give Street and Number. } 244 S Spring st

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1

AGE 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) N. J

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Johnson

(Address) 244 S. Spring

Filed 3/17 190 8 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler M.D.

Address 320 ½ Greene St

Date 190

Place of Burial Asbury Cem

Date March 17 190 8

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C1649 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1720 Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lilly M. Griffin

{Residence, if in Baltimore, Give Street and Number.} 1720 Mulberry St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Wm Griffin

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Harriet Hamilton

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Griffin

(Address) 1720 Mulberry St

Filed 3/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15th 1908

I HEREBY CERTIFY, That I attended deceased from Mch 1st 1907 to March 15th 1908 that I last saw h alive on Mch 10th 1908, and that death occurred, on the date stated above, at 6:45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulm. Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. H. Wilson M.D.

Address 1220 E. Fayette St

Date March 16th 1908

Place of Burial Mt Zion

Date Mch. 17 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C10492 Registered No. B C10492

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 624 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet A. Winters

{ Residence, if in Baltimore, Give Street and Number. } 624 N. Caroline St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Colored

DATE OF BIRTH July 15th 1850

AGE 57 years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Geo. Williams

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Williams

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis H. Winters

(Address) 624 N. Carolina

Filed 3/17 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16th 1908

I HEREBY CERTIFY, That I attended deceased from March 14th 1908 to 1908 that I last saw her alive on March 15th 1908, and that death occurred, on the date stated above, at 6.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Capillary)

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) F. A. Dawson M.D.

Address 1400 Jefferson St

Date March 16th 1908

Place of Burial Samuel Ins

Date March 18 1908

Undertaker R. A. Eckhardt

Address 706 Regina Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 2 C10493 Registered No. D

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. 1406 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Chambers

{Residence, if in Baltimore, Give Street and Number.} 1406 E. Madison St

Duration of Residence in Baltimore. Life

C10493

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR C

DATE OF BIRTH Feb'y 6 1907

AGE ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Edward Chambers

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary Harris

BIRTHPLACE OF MOTHER (State or country) Towson

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Chambers

(Address) 1406 E Madison St

Filed 3/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16/08 1908

I HEREBY CERTIFY, That I attended deceased from March 15 1908 to March 16 1908

that I last saw him alive on " 16 1908

and that death occurred, on the date stated above, at 9 30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchopneumonia

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) A. L. Levy M.D.

Address 733 Lanvale St

Date 3/16/08 1908

Place of Burial Loud Cem

Date March 17 1908

Undertaker P. A. Elliott

Address 506 Fergus ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... Registered No. B C10494

C10494

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1012 N. Patterson Park av St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Richard Brown

{Residence, if in Baltimore, Give Street and Number.} 1012 N. Patterson Park av

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Brown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Gunning

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Brown

(Address) 1012 N. Patterson Park av

Filed 3/17 1908

HARRY O. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15th, 1908

I HEREBY CERTIFY, That I attended deceased from March 11th, 1908 to March 15th, 1908 that I last saw h~~is~~ alive on March 15th 1908 and that death occurred, on the date stated above, at 10:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia and Exhaustion

(DURATION) 2 DAYS

Con'ributory (Primary.) Lobar Pneumonia

(DURATION) 4 DAYS

(Signed) Albert G. Fitzgerald M.D.

Address 1503 E. North Ave.

Date March 16th, 1908

Place of Burial Cathedral Cemetery

Date March 18th 1908

Undertaker John J. Bowman

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B [illegible]

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 941 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John A. Rodger Bradburn

{ Residence, if in Baltimore, Give Street and Number. } 941 W. Lombard St.

Duration of Residence in Baltimore. Lifetime C 10495

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feby 26th 1881

AGE: 23 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Saml R Bradburn

BIRTHPLACE OF FATHER (State or country): Worthington Pa

MAIDEN NAME OF MOTHER: Brooks

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Bank Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml R Bradburn

(Address) 941 W Lombard St

Filed 3/17 1908

Registrar HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 15th 1908

I HEREBY CERTIFY, That I attended deceased from Jany 1st 1908 to March 14 1908 that I last saw h[illegible] alive on March 14 1908, and that death occurred, on the date stated above, at 9.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

One Years (DURATION) — DAYS

Contributory (Primary.) Nothing Known (DURATION) DAYS

(Signed) John Hoff M.D.

Address 10 E Mansion Ave

Date March 16 1908

Place of Burial Founders Park

Date March 18 1908

Undertaker John H Logan

Address 1901 Rollins Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 10496 Registered No. B C10496

CERTIFICATE OF DEATH. 9r

(Place of Death.) No. 412 S. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gerald A Cady

{ Residence, if in Baltimore, Give Street and Number. } 412 S. Gilmor St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | COLOR White

DATE OF BIRTH May 27 1907

AGE ..... years, 9 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm Cady

BIRTHPLACE OF FATHER (State or country) Washington D.C.

MAIDEN NAME OF MOTHER Mullkerin

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Cady

(Address) 412 S. Gilmor St

Filed 3/17 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16, 1908

I HEREBY CERTIFY, That I attended deceased from March 10 1908 to March 16 1908

that I last saw h[illegible] alive on March 16 1908,

and that death occurred, on the date stated above, at 5. A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Dentition +

Convulsions (DURATION) 6 DAYS

(Signed) MacNeill M.D.

Address 1315 Hollins St.

Date March 16 1908.

Place of Burial New Cathedral

Date March 18th 1908

Undertaker Geo. W. Riddlemoser

Address 435 S. Gilmor St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C10497 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Dorsey

{ Residence, if in Baltimore, Give Street and Number. } 119 S Dallas St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: ~~~

BIRTHPLACE OF FATHER (State or country): ~~~

MAIDEN NAME OF MOTHER: ~~~

BIRTHPLACE OF MOTHER (State or country): Rogers Town Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Brown

(Address) 119 S Dallas St

Filed 3/17 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15 1908

I HEREBY CERTIFY, That I attended deceased from March 14 1908 to March 15 1908

that I last saw h[illegible] alive on March 15 1908,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date March 15 1908

Place of Burial Asbury Cemetery

Date March 17 1908

Undertaker John W Henderson

Address 31 N Caroline St

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. C 10498

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 539 S. Paca St.

Full Name Kenneth Porteous

{ Residence, if in Baltimore, Give Street and Number. } 839 S. Paca st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR white

DATE OF BIRTH November 30, 1760

AGE 47 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER David Porteous

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Margaret Mooney

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Ellen Porteous

(Address 839 S. Paca St.

Filed 3/17 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH March 15, 1908

I HEREBY CERTIFY, That I attended deceased from March 12 1908 to March 15 1908

that I last saw h alive on March 15 1908

and that death occurred, on the date stated above, at 10. a. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 11 DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) W. P. Morgan M.D.

Address 315 W Monument St.

Date March 17. 1908

Place of Burial Cathedral Cemetery

Date March 18 1908

Undertaker James Dignan & Son

Address 759 W. Hamburg St.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10499 Registered No. B C10499 5

CERTIFICATE OF DEATH.

(Place of Death.) No. 310 W. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Vierecket

{ Residence, if in Baltimore, Give Street and Number. } 310 W. Lanvale St.

Duration of Residence in Baltimore. 55 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 22nd 1848

AGE 59 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Weltner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Weltner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis H. Vierecket

(Address) 310 W. Lanvale St

Filed 3/17 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 24" 1907 to March 16" 1908

that I last saw her alive on March 16 1908

and that death occurred, on the date stated above, at 4.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus &
Chronic Nephritis

(DURATION) One Year DAYS

Contributory (Primary.) Pneumonia
& General asthenia (DURATION) 7 DAYS

(Signed) James E Willing M.D.

Address 571 Harlem Ave

Date March 16" 1908

Place of Burial Baltimore Cemetery

Date March 19th 1908

Undertaker Jas & Jos John W. Deufel

Address 801 N. Fayette St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10?00 Registered No. B C10?00

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 171 W. Hamburg St. (If Death occurred in Hospital or Institution, give Name instead of Street and Number.)

Full Name Mary E. Burgett

{Residence, if in Baltimore, Give Street and Number.} 171 W. Hamburg St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: 1?

AGE: 37 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: George C. Nelson

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Marcella Pitts

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George C. Nelson

(Address) 171 W. Hamburg

Filed 3/17 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 15 1908 that I last saw h alive on March 15 1908, and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or immediate)

Pneumonia.

(DURATION) 15 DAYS

Contributory (Primary.) Asthenia

(DURATION) 15 DAYS

(Signed) C. H. Forbes M.D.

Address 712 S. Broadway

Date March 16 1908

Place of Burial Mt. Auburn Cem.

Date March 17, 1908

Undertaker John H. Toadvine

Address 142 W. Hill

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7 C10501 Registered No. B C10501

CERTIFICATE OF DEATH.

(Place of Death.) No. 604 X alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 47

Full Name Benjamin Smith.

{Residence, if in Baltimore, Give Street and Number.} 604 X alley.

Duration of Residence in Baltimore. ? unknown (Mar 15 08)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH —— 1

AGE 45 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Calvert Co Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Gray

(Address) 604 X alley

Filed 3/17 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 15 1908.

I HEREBY CERTIFY, That I attended deceased from July 7 1907 to Mch 15 1908.

that I last saw h[illegible] alive on Mch 15 1908.

and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dis.

Rheumatism (DURATION) DAYS

Contributory (Primary.) Nephritis.

(DURATION) DAYS

(Signed) C. Bell Rowland M.D.

Address 603 S. Stricker St

Date March 16 1908.

Place of Burial Laurel Cem.

Date March 17, 1908

Undertaker John H. Coadrui

Address 142 W. Hillen St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SOUTHERN DISPENSARY
106 W. HILL ST.
HOURS: 8 A. M.—2 P. M.
DR. C. WALDKOENIG
PHYSICIAN IN CHARGE

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

C10502

CERTIFICATE OF DEATH.

Registered No. B C10502

City of Baltimore, (No. Good Samaritan Hosp St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of J. Hamilton and Eloise Walker ~~Infant of Mr. & Mrs. J. H. Walker~~

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March (Month) 16 (Day) 1908 (Year)

AGE: — years, — months, 1/2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: J. Hamilton Walker

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Eloise Atkinson

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna D. Schultze

(Address) Good Samaritan Hospital.

Filed 3/17 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 16 1908 to To March 16 1908 that I last saw h[illegible] alive on March 16 1908, and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH was as follows:

Premature birth - 6½ mos.

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Maurice Lazenby M. D.

March 16 1908 (Address) 321 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: 3/17 1908

UNDERTAKER: G. F. Keller — ADDRESS: 923 W. Saratoga

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 16 C16503 Registered No. B

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 2904 O Donnell St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Alexandia Sawicka

{ Residence, if in Baltimore, Give Street and Number. } 2904 O Donnell St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Alexander Sadurcka

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Mary Sedletzka

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mike Fishes

(Address) 2904 O. Donnell St

Filed 3/17 1908

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudlow M.D.

Address 3204 Gough St

Date 190

Place of Burial St. Stanislaus Ce

Date Mar. 17" 190

Undertaker Mundell Dippel & Bo

Address 930 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

12°

C10504 **CERTIFICATE OF DEATH.** C10504

Registered No. B.....

City of Baltimore, (No. 2107, St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME George R. Carlin

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 25 1846 (Month) (Day) (Year)
AGE	61 years, 11 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Balto Co. Md
FULL NAME OF FATHER	Asbury Carlin
BIRTHPLACE OF FATHER (State or country)	Queens Anne Co Md
MAIDEN NAME OF MOTHER	Mary Christian Earnshaw
BIRTHPLACE OF MOTHER (State or country)	Queen Anne Co. Md
OCCUPATION OF DECEASED	Tobacco Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno M Carlin

(Address) 1111 Washington Blvd

Filed 3/17 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1905 to March 16 1908 that I last saw him alive on March 15 1908, and that death occurred, on the date stated above, at 6.20 P.M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

.....(DURATION).....DAYS

Contributory Dyspepsia

.....(DURATION).....DAYS

(Signed) W. S. Love M. D.

March 17 1908 (Address) 836 W. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Olivet	March 19 1908
UNDERTAKER	ADDRESS
C. M. Mitchell	120 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C10505 Registered No. B

CERTIFICATE OF DEATH.

146

(Place of Death.) No. 1217 Shield, aly St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Randolph Robinson

{Residence, if in Baltimore, Give Street and Number.} 1217 Shield, aly

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 1 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Wm. Robinson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Dett

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Robinson

(Address) 1217 Shield Alley

Filed 3/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1908

I HEREBY CERTIFY, That I attended deceased from Feb 18 1908 to March 17 1908 that I last saw h[illegible] alive on March 16 1908 and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 3 DAYS

Con'tributory (Primary.) Rickets (DURATION) 3 Month

(Signed) Dr Chas S Futcher M.D.

Address 647 W Lexington ave

Date March 17 1908

Place of Burial Mt Auburn Cemetery

Date March 18 1908

Undertaker Felix B. Pyle

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1923 Harlem ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cordelia C Fort

{Residence, if in Baltimore, Give Street and Number.} 1923 Harlem av

Duration of Residence in Baltimore. 60 Years C10506

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH Feby 9 1829

AGE 79 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ky

FULL NAME OF FATHER Horace Clore

BIRTHPLACE OF FATHER (State or country) Ky

MAIDEN NAME OF MOTHER Lucy Layton

BIRTHPLACE OF MOTHER (State or country) Ky

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Fort

(Address) 1923 Harlem av

Filed 3/17 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 15 1908.

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1907 to Mar 15 1908 that I last saw her alive on Mar 15 1908, and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

One week (DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 2 Years DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins St

Date March 17 1908

Place of Burial Loudon Park

Date March 18 1908

Undertaker W. J. Dulany Co

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4th

Registered No. B

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 530 Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Euler

{Residence, if in Baltimore, Give Street and Number.} 530 Conway St, Baltimore

Duration of Residence in Baltimore. Life —

C10507

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 18 — 1880

AGE 28 years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Christpher Vollman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Theodora Rodeman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James L. Euler

(Address) 530 N Conway

Filed 3/11 1908 HARRY O'T ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan 24 — 1908 to March 14 1908

that I last saw h er alive on March 14 1908

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral incompetency and Pulmonary Tuberculosis —

About three years (DURATION) — DAYS

Con'ributory (Primary.) Asthenia —

(DURATION) 1 — DAYS

(Signed) — Chas. J. Keller, M.D.

Address 322 W. Monument St

Date March 14 — 1908

Place of Burial Lorraine Mem.

Date March 17 1908

Undertaker Wm. J. Tickner Son

Address Camden & Paca Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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C10508 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C10508

Registered No. B.....

City of Baltimore, (No. 111, Partin St.; 18th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Owen Mrs Canavey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Mc Canavey

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 3/17 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 15th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby. 21 1908 to Mch. 14 1908 that I last saw h[er] alive on Mch. 14 1908 and that death occurred, on the date stated above, at 2½ A. M. The CAUSE OF DEATH was as follows:

Senility

Paralysis for 2 (DURATION) days

Contributory Anaemia

(DURATION) 21 DAYS

(Signed) R. L. Warner M. D.

3/15 1908 (Address) 823 N. Londo

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters Cem | DATE OF BURIAL: March 18 1908

UNDERTAKER: M Cadogan | ADDRESS: 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 Registered No. B C10509 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1443 Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbra Barnett

{Residence, if in Baltimore, Give Street and Number.} 1443 Mount St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR colored

DATE OF BIRTH Dec 8 1907

AGE / years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sing

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Barbra Barnett

BIRTHPLACE OF FATHER (State or country) Calvert Co. Md.

MAIDEN NAME OF MOTHER Barbra Bland

BIRTHPLACE OF MOTHER (State or country) Warrenton Va

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ethel Barnett Sister

(Address) 1443 Mount St

Filed 3/17 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 15 1908

I HEREBY CERTIFY, That I attended deceased from Mar 1 1908 to Mar 15 1908

that I last saw h alive on Mar 15 1908,

and that death occurred, on the date stated above, at 1/ 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

Asphyxia (DURATION) / DAYS

Contributory (Primary.)

(DURATION) / DAYS

(Signed) T. E. Daugherty M.D.

Address 1442 Pennsylvania Ave

Date 3/15 1908

Place of Burial Mt. Auburn Cem.

Date Wed. Mar. 18" 1908

Undertaker Alex. Comley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 Registered No. B

CERTIFICATE OF DEATH. 119

(Place of Death.) No. 1203 Myrtle Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas M. Kenney

{Residence, if in Baltimore, Give Street and Number.} 1203 Myrtle av C 10510

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W

DATE OF BIRTH March 17 1857

AGE 51 — — years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Matthew Kenney

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Katherine Conroy

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Saloon

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Kenney

(Address) 1203 Myrtle av

Filed 3/17 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16th 1908

I HEREBY CERTIFY, That I attended deceased from Mch 10th 1908 to Mch 16th 1908

that I last saw him alive on Mch 15th 1908

and that death occurred, on the date stated above, at 4

II. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Congestion
& Asthenia

(DURATION) 6 DAYS

Contributory (Primary.) Acute Nephritis

(DURATION) 21 DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date March 17 1908

Place of Burial ~~Boone Town~~ Cathedral Cem

Date Mch 18 1908

Undertaker Chas E. Francis

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1701 Park Place St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Anita Elizabeth Green

{Residence, if in Baltimore, Give Street and Number.} 1701 Park Place

C 10511

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 11 1835

AGE: 72 years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: James Isom Fisher

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Sophia Mary Pendleton Morley

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richd. D. Fisher

(Address) 1420 Park Ave

Filed 3/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 16th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 30 1907 to March 16 1908 that I last saw her alive on March 16th 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Obstruction

(DURATION) 13 DAYS

Contributory (Primary.) Carcinoma of the Intestines (DURATION) 4 mo. & 16 DAYS

(Signed) N. V. Mark M.D.

Address 940 Madison Ave.

Date March 17th 1908

Place of Burial Greenwich Va

Date March 19th 1908

Undertaker John B. Spence

Address 1325 N. Caroline St.

WM. J. C. DULANY CO., BALTIMORE.

Ward 5 (redacted) Registered No. B (redacted) 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 713 E Fayette St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Winfield Chenoworth

{Residence, if in Baltimore, Give Street and Number.} 713 E. Fayette St.

C 10512

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR W

DATE OF BIRTH June 4 1880

AGE 27 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Chenoworth

(Address) 713 E Fayette

Filed ... 190...

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16th 190[illegible]

I HEREBY CERTIFY, That I attended deceased from March 7th 190[illegible] to March 16 190[illegible]

that I last saw h[illegible] alive on March 16 190[illegible]

and that death occurred, on the date stated above, at [illegible]

M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

DURATION 10 DAY

Con'tributory (Primary) Septicaemia

DURATION 4 DAY

(Signed) Edward [illegible] M.D

Address 208 Augusta

Date March 17/08 190...

Place of Burial Salem Md

Date Mar 18 190[illegible]

Undertaker Robt Turner

Address 1[illegible]2 Pratt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C10513 Registered No. BC10513

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 202 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fury Indented

{ Residence, if in Baltimore, Give Street and Number. } born Ireland

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH April 24th 1819

AGE 88 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Howard Co. Md.

FULL NAME OF FATHER not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rebecca E. Parker

(Address) 202 W. Mulberry st

Filed 3/17 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 16th 1908

I HEREBY CERTIFY, That I attended deceased from Mar 16th 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy, cerebral hemorrhage

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Goldstein M.D. coroner

Address 211 N. Fremont

Date 3. 16. 1908

Place of Burial New Cathedral cemetery

Date march 18 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C10514 Registered No. B C10514

CERTIFICATE OF DEATH. 175

(Place of Death.) No. 21 Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Karminsky

{Residence, if in Baltimore, Give Street and Number.} 719 S. Caroline St

Duration of Residence in Baltimore. 2 weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 6 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arsenic Poison

(acc)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carmichael M.D.

Address Coroners Office

Date Mar 11 - 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 16 1908 190

Undertaker Commissioner Health. Per Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C10515 Registered No. B C10515

CERTIFICATE OF DEATH. 79

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Eagle "

{ Residence, if in Baltimore, Give Street and Number. } 674 W. Lexington St "

Duration of Residence in Baltimore. Life "

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1858

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married "

BIRTHPLACE (State or country): Md "

FULL NAME OF FATHER: Unknown "

BIRTHPLACE OF FATHER (State or country): Unknown "

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown "

OCCUPATION OF DECEASED: Housewife "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased "

(Address) 674 W. Lexington St.

Filed

..... 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 13, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 20 1908 to March 13 1908 that I last saw h[e] alive on March 13 1908 and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Fatty Degeneration of Heart "

(DURATION) ... DAYS

Con'ributory (Primary.) Hyperthyroidism

Cirrhosis (DURATION) ... DAYS

(Signed) W. W. Bowers M.D.

Address Md. Gen. Hosp.

Date March 16, 1908

Place of Burial: JOHNS HOPKINS HOSPITAL

Date: MAR 16 1908 190 ...

Undertaker: Commissioner Health.

Per. Wm. E. WOODALL.

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

51

Ward 17 C10516 Registered No. B C10516

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 640 w Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eva. Sanderson

{Residence, if in Baltimore, Give Street and Number.} 640 w Franklin

Duration of Residence in Baltimore. 3 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 2 - 23 - 1908

AGE: ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas E Sanderson

BIRTHPLACE OF FATHER (State or country): Buck Co. Pa

MAIDEN NAME OF MOTHER: Mary Titsworth

BIRTHPLACE OF MOTHER (State or country): Phila Pa

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed ..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 3 - 15 - 1908

I HEREBY CERTIFY, That I attended deceased from 2 - 23 - 1908 to 3 - 3 - 1908 that I last saw h alive on 3 - 15 1908 and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

* 151

Asthenia

Inanition

(DURATION) 21 DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) L. L. Lloyd M.D.

Address 639 Franklin

Date 3 - 15 - 1908

Place of Burial COLLEGE OF P. & S

Date MAR 16 1908 190....

Undertaker Commissioner Health,

Per. Wm. E. WOODALL.

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

57

Ward ..... Registered No. B C10517

C10517

CERTIFICATE OF DEATH.

154

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Ringgold

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March. 15th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 17 1907 to March 15 1908

that I last saw h alive on March 15 1908,

and that death occurred, on the date stated above, at 5-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Senility

(DURATION) ..... DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date March. 15th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 16 1908 190.....

Undertaker Geo Thompson

Address 1805 Hope St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

Ward ..... C10518 Registered No. B .....

CERTIFICATE OF DEATH.

18

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Thompson

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male.	White

DATE OF BIRTH ..... 1 .....

AGE 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March. 15 1908

I HEREBY CERTIFY, That I attended deceased from Nov 14 1907 to March. 15 1908

that I last saw h— alive on March. 15 1908,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

..... (DURATION) ..... DAYS

Contributory (Primary.) Endo. carditis

..... (DURATION) ..... DAYS

(Signed) Robt Thom M.D.

Address Bay View

Date March. 15 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 16 1908 190.....

Undertaker Geo Thompson

Address 1805 Hope St.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

56

Ward 9 C10519 Registered No. B

CERTIFICATE OF DEATH. 19

(Place of Death.) No. #1613 E Preston St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August W Ehoff

{ Residence, if in Baltimore, Give Street and Number. } #1613 E Preston St.

C10519

Duration of Residence in Baltimore. 36 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Mar 30th 1822 1

AGE: 85 years, 11 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Ehoff

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adolph Lieder

(Address) 1613 E. Preston St

Filed March 17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16th 1908

I HEREBY CERTIFY, That I attended deceased from March 11th 1908 to March 16th 1908

that I last saw him alive on March 15th 1908, and that death occurred, on the date stated above, at 10 30 a. m. CAUSE OF DEATH (Secondary or Immediate)

This man died during an Epileptic Convulsive attack - due to Senile Heart. For weeks before death his pulse was 25-30, & frequently fluctuating, & had many of these attacks - in one of which he died.

Contributory (Primary.) Cardio Sclerosis or Fibroid Senile Heart (DURATION) 7 years

(Signed) Wilmer Brinton, M.D.

Address S.W. Cor. Calvert & Preston

Date March 17th 1908

Place of Burial Balto. Cem.

Date 3/18/08 1908

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 109-111 Wisquett St (Hebrew Friendly Son and Aged Hope)

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Isaac Miller

{Residence, if in Baltimore, Give Street and Number.} Hebrew Friendly Son + Aged Home

Duration of Residence in Baltimore. 7 years

C10520

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Louis Miller

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Miller

(Address) 1012 E. Fayette

Filed March 18" 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17th 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1906 to March 17 1908

that I last saw h em alive on 11 17 1908

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Con'ributory (Primary.) Mitral + aortic insufficiency (DURATION) DAYS

(Signed) M. M. Savage M.D.

Address 1121 E Baltimore St

Date March 17 1908

Place of Burial Hebrew Spring Run Cemetery

Date March 18 1908

Undertaker Max Lerner

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C10521 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 19 St Ann ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary Anderson

{ Residence, if in Baltimore, Give Street and Number. } 19 St Ann ave

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Dec 12 1838

AGE 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) England

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER England

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Anderson

(Address) 19 St Ann ave

Filed March 18 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3/16/ 1908

I HEREBY CERTIFY, That I attended deceased from 3/16/ 1908 to 3/16/ 1908 that I last saw h.er alive on 3/15/ 1908 and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate

Nephritis
Cystitis

(DURATION) DA

Con'ributory (Primary) General debility

(DURATION) DA

(Signed) H S Gronch M.D

Address 301-9-72 St

Date 3/17 1908

Place of Burial Green Mount

Date 3/18 1908

Undertaker Robt J Pearson

Address 1442 N Bway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C10522, Registered No. B [illegible]

155

CERTIFICATE OF DEATH.

(Place of Death.) No. 715 St Paul st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H Marriott Jr

{ Residence, if in Baltimore, Give Street and Number. } 715 St Paul st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm H Marriott

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Alice J Bracco

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J A Wilson

(Address) 1013 St Paul st

Filed 3/18 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 17 1908

I HEREBY CERTIFY, That I attended deceased from Coroners to Mar 190

that I last saw h — alive on — 190—,

and that death occurred, on the date stated above, at 1

1. CAUSE OF DEATH (Secondary or Immediate)

Chloroform Narcosis

Suicide

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. S Hendrix M.D. Coroner

Address 1216 N. Carolina st

Date Mar. 18 1908

Place of Burial Green Mount

Date March 18 1908

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

1216 N Carolina st

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10523 Registered No. B

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 717 N Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Havranek

{Residence, if in Baltimore, Give Street and Number.} 717 N Spring St

Duration of Residence in Baltimore. 38 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 60 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank Havranek

(Address) 717 N. Spring St

Filed 3/18 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 17 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 8.17 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease
Sudden

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carmine M.D.

Address Coroners

Date Mar 17-08 190...

Place of Burial St Alphonsus

Date Mar 19 1908

Undertaker Frank Brach

Address 1904 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C10524 Registered No. B C10524

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 869 Boyd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. W. Scott

{ Residence, if in Baltimore, Give Street and Number. } 869 Boyd St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH Dec 22 1907

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Jas E Scott

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Martha Scott

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas E Scott

(Address) 869 Boyd St

Filed 3/18 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1908

I HEREBY CERTIFY, That I attended deceased from March 17 1908 to March 17 1908

that I last saw h alive on March 17 1908,

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia

1 hour (DURATION) DAYS

Contributory (Primary.) Apnoea

1 hour (DURATION) DAYS

(Signed) H Howard M.D.

Address 939 W Fayette

Date March 17 1908

Place of Burial Mt Auburn Cemetery

Date March 18 1908

Undertaker R. S. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10525 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 320 W. West St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Augusta G Stryer

{ Residence, if in Baltimore, Give Street and Number. } 559 Lauraus St

Duration of Residence in Baltimore. 28 years C10525

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 18 1856

AGE 51 years, 7 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER George F Stryer

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Evans

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Linen clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mc Graw (substitute)

(Address) Meadow ave nr Northern

Filed 3/18 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 ...

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 10.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. M. Leuthardt M.D.

Address Coroner

Date March 17 1908

Place of Burial Cumberland Md

Date March 19 1908

Undertaker Wm J. Tickner & Sons

Address 425 W Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC10526

City of Baltimore, (No. 1832 W. Saratoga St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Mary Reimer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: October (Month) 13th (Day) 1838 (Year)

AGE: 69 years, 5 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Married~~ Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frederick Hutin

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Steuchs

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Reimer

(Address) 1832 Saratoga St.

Filed 3/18 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 2nd 1908 to March 16 1908

that I last saw her alive on March 16 1908,

and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

5 years (DURATION) DAYS

Contributory Acute Indigestion followed by Cardiac Collapse. (DURATION) 1 DAYS

(Signed) W. B. Freeman M.D.

March 17 1908 (Address) 643 Columbia Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: March 18 1908

UNDERTAKER: W. J. Tickner & Sons — ADDRESS: 425 N. Eden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

26

CERTIFICATE OF DEATH.

Registered No. B C10527

City of Baltimore, (No. 1904 Kennedy Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sadie (Birdie) E. Cole

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April (Month) 4 (Day) 1870 (Year)

AGE: 37 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Harry E. Henderson

BIRTHPLACE OF FATHER (State or country): Sykesville Balto. Md.

MAIDEN NAME OF MOTHER: Sarah E. Start

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George N Henderson

(Address) 1616 E Chase

Filed 3/18 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 16th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 15th 1908 to March 16th 1908 that I last saw h.. alive on March 16th 1908, and that death occurred, on the date stated above, at ....M. The CAUSE OF DEATH was as follows:

Laryngeal Tuberculosis

Three months (DURATION) DAYS

Contributory Presumed to be the result of Cold contracted last Jan (DURATION) DAYS

(Signed) Geo W. Emerson M. D.

March 16th 1908 (Address) 1026 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: March 19 1908

UNDERTAKER: H. Sander Sons — ADDRESS: 310 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C10528 Registered No. B .....

CERTIFICATE OF DEATH.

53

(Place of Death.) No. 1109 S. Potomac St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary M. Roth

{ Residence, if in Baltimore, Give Street and Number. } 1109 S. Potomac St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 21st 1887

AGE 20 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Geo. W. Hasse

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Bertha Ostwald

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph H. Roth

(Address) 1109 Potomac St.

Filed 3/18 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14th 1908

I HEREBY CERTIFY, That I attended deceased from May 14th 1908 to March 14th 1908 that I last saw her alive on March 14 1908, and that death occurred, on the date stated above, at 10. A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary.) Lymphatic Leukemia (DURATION) 28 DAYS

(Signed) C. A. Kleeman M.D.

Address 2 Hudson St.

Date March 14th 1908

Place of Burial 1st Evangelical Cemetery

Date March 18th 1908

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue. S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward N

Registered No. B C10529

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 117 N Wolf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Augustus Dosch

{ Residence, if in Baltimore, Give Street and Number. } 117 S Wolf

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: Oct 16 1907

AGE: ..... years, 5 months, ... days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Herman Dosch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lucy MacGuire

BIRTHPLACE OF MOTHER (State or country): Hungary

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Dosch

(Address) 117 S Wolfe

Filed 3/18 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 1908

I HEREBY CERTIFY, That I attended deceased from March 14 1908 to March 16 1908

that I last saw h[illegible] alive on March 16 1908,

and that death occurred, on the date stated above, at [illegible]

M. CAUSE OF DEATH (Secondary or Immediate)

Gallbladder Rupture

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1 E Brooks

Date March 17 1908

Place of Burial Holy Redeemer

Date March 18 1908

Undertaker Wendell Dippel & Son

Address 37 S Amity St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. BC10530

City of Baltimore, (No. 1700, N. Mitton Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lawrence F. Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 4 (Month) 4 (Day) 1881 (Year)

AGE: 26 years, 9 months, 12 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Geo. J. Smith

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Sarah Jane Esterday

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Machinist.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George J. Smith.

(Address) 2553 Francis St.

Filed 3/18 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 16 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from January 26 1908 to March 16 1908 that I last saw him alive on March 16 1908, and that death occurred, on the date stated above, at five A. M. The CAUSE OF DEATH was as follows:

Pulmonal Tuberculosis (DURATION) 40 DAYS

Contributory Exhaustion — Convulsions (DURATION) 2 DAYS

(Signed) Jno. C. Wunder M. D.

March 16 1908 (Address) 1823 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: March 18 1908

UNDERTAKER: Jos B Cook

ADDRESS: 1003 W Balto

Ward 6 C10531 Registered No. B C10531

CERTIFICATE OF DEATH. 56

(Place of Death.) No. 1503 E. Fayette St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cordelia A. Garland

{ Residence, if in Baltimore, Give Street and Number. } 1503 E. Fayette St

Duration of Residence in Baltimore. All 30 years C10531

PERSONAL AND STATISTICAL PARTICULARS

SEX: female. COLOR: white.

DATE OF BIRTH: 1

AGE: 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: John H. Smith

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Virginia A. Layfield

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillian C. Smith

(Address) 1512 E. Fayette St.

Filed 3/18 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch 16 1908

I HEREBY CERTIFY, That I attended deceased from Mch 14 1908 to Mch 16 1908 that I last saw her alive on Mch 15 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 7 DAYS

Contributory (Primary.) Albuminuria

(DURATION) DAYS

(Signed) C. T. Burke M.D.

Address 1522 E. Baltimore

Date Mch 17 1908

Place of Burial Cedar Hill Cem.

Date March 19 1908

Undertaker Wm. Cook.

Address 502 E. North ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, ... **condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C10582

C10582

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 909 Argyle ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel a. Maloney

{Residence, if in Baltimore, Give Street and Number.} 909 Argyle ave

Duration of Residence in Baltimore. 56 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Dec. 29. 1852

AGE: 55 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Daniel Maloney

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaretta - -

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Ida L. Maloney

(Address) 909 Argyle St

Filed 3/18 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3-16-1908

I HEREBY CERTIFY, That I attended deceased from 3-12-1908 to 3-16-1908

that I last saw h.. alive on 3-16 1908

and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate)

Congestion Lungs

(DURATION) 4 DAYS

Con'ributory (Primary.) Interstitial nephritis

(DURATION) DAYS

(Signed) L. L. Lloyd M.D.

Address 639 Franklin

Date 3-16- 1908

Place of Burial London Park

Date March 18 1908

Undertaker Wm. Cook.

Address 502 E. Watts ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C10533 Registered No. B

CERTIFICATE OF DEATH. 91

(Place of Death.) No. 1719 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie M. Coleman

{Residence, if in Baltimore, Give Street and Number.} 1719 N. Durham St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH February 11 1861

AGE 47 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

BIRTHPLACE (State or country) Butte City

FULL NAME OF FATHER Thos. B. Mills

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Mullican

(Address) 1719 N. Durham St

Filed 3/18/08

HARRY O. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 5 – 1908 to Mar. 16 – 1908

that I last saw her alive on Mar. 16 – 1908

and that death occurred, on the date stated above, at 10 20 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st

Date March 17 – 1908

Place of Burial 1st Evangelical Cemetery

Date MAR 19 1908 190

Undertaker Christian Miller.

Address 2336 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C10564 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 510 N. Madeira St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Hecker

{ Residence, if in Baltimore, Give Street and Number. } 510 N. Madeira St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH December 8 1860

AGE 47 years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Jacob Hedbler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Sarah Haldenwand

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs James F. Hennick

(Address) 510 N. Madeira St

Filed ..... 190.....

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 16th 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1908 to Mar. 16th 1908

that I last saw h.. alive on Mar. 15th 1908

and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary T. B.

(DURATION) 10 months DAYS

Con'ributery (Primary.) Exhaustion

(DURATION) 14 DAYS

(Signed) A. F. Ries M. D.

Address 213 S. Bond St

Date Mar 16th 1908

Place of Burial MT. CARMEL CEMETERY.

Date MAR 18 1908 190....

Undertaker Christian Miller,

Address 2334 Jefferson Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C10535 Registered No. B C10535

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1309 N Stockton St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Edw. Snowden

{Residence, if in Baltimore, Give Street and Number.} 1309 N Stockton St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Col

DATE OF BIRTH 1

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Richard Snowden

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Maggie Snowden

BIRTHPLACE OF MOTHER (State or country) " Virginia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maggie Snowden

(Address) 1309 Stockton St

Filed 3/18 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 18 1908

I HEREBY CERTIFY, That I attended deceased from Mch 7 1908 to Mch 18 1908

that I last saw him alive on Mch 14 1908

and that death occurred, on the date stated above, at 2.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Capillary Bronchitis

(DURATION) 4 DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) L L Dixon M.D.

Address 923 N Carrollton Ave

Date Mch 18th 1908

Place of Burial Mt Auburn

Date March 18th 1908

Undertaker Edmondson & Wright

Address 1364 McCamy St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C10536 Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1592 Ashland Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Howard Dell

{Residence, if in Baltimore, Give Street and Number.} 1520 Ashland Ave

Duration of Residence in Baltimore. Life C10536

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR C

DATE OF BIRTH Dec 21 1907

AGE 1 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Hoyes

BIRTHPLACE OF FATHER (State or country) Cit

MAIDEN NAME OF MOTHER Lottie Dell

BIRTHPLACE OF MOTHER (State or country) R. I.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lattie Dell

(Address) 1592 Ashland Ave

Filed 3/18 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1908

I HEREBY CERTIFY, That I attended deceased from March. 9 1908 to March 17 1908

that I last saw him alive on March. 9 1908

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate

Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. L. Lee M.D.

Address 733 Fairmount Ave

Date 190

Place of Burial Asbury Evergreen Cem

Date March 18th 1908

Undertaker Theodore White

Address 1702 Gough Street

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C10537 Registered No. B C10537

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 2517 North Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Cloud

{Residence, if in Baltimore, Give Street and Number.} 2517 North Charles St

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 31st 1828

AGE: 79 years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Married

BIRTHPLACE (State or country): Warren Co. Va.

FULL NAME OF FATHER: Mordecai Cloud

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Rebekah Hickman

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Pres. Maryland Dairy Co

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Cloud.

(Address) 2517 N. Charles St.

Filed 3/18 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16. 1908

I HEREBY CERTIFY, That I attended deceased from Feby. 27 1908 to March 16 1908 that I last saw him alive on March 15 1908, and that death occurred, on the date stated above, at 12.05 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Insufficiency

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Walter L. Carroll M.D.

Address 2 W. 25th St

Date March 17 1908

Place of Burial Greenmount

Date March 18th 1908

Undertaker Wm. Jenkins Sons Co.

Address 300 W. Madison St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C10538 Registered No. B C10538

CERTIFICATE OF DEATH. 66

(Place of Death.) No. 2233 North Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Susan R. McFilton

{Residence, if in Baltimore, Give Street and Number.} 34 West 25th Street

Duration of Residence in Baltimore. Twelve years Lastly

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 11 1822

AGE: 85 years, 4 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Massachusetts

FULL NAME OF FATHER: Daniel F. Hunting

BIRTHPLACE OF FATHER (State or country): Massachusetts

MAIDEN NAME OF MOTHER: Sarah Field

BIRTHPLACE OF MOTHER (State or country): Massachusetts

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George B. Hunting

(Address) 34 West 25th St

Filed 3/18 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 21 1908 to Mar 17 1908 that I last saw h.. alive on March 4 1908, and that death occurred, on the date stated above, at 2A.M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jas. C. Clarke M.D.

Address 1701 Madison Ave

Date March 18 1908

Place of Burial Gr E Evergreen

Date March 19th 1908

Undertaker Neiny Hankins Co

Address 300 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10539 Registered No. B C10539

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 414 S. Madeira St - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bernard E Wilkie

{Residence, if in Baltimore, Give Street and Number.} 414 S Madeira St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 4 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Henry Wilkie.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mamma Pabst.

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Germany.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamma Pabst.

(Address) 414 S. Madeira St

Filed 3/18 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch. 17 1908

I HEREBY CERTIFY, That I attended deceased from Mch 13 1908 to Mch 17 1908

that I last saw him alive on " 17 1908,

and that death occurred, on the date stated above, at 1

P M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

7 (DURATION) DAYS

Contributory (Primary.) Contra Failure

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 619 Park Ave

Date Mch. 18 1908

Place of Burial Holy Redeemer

Date MAR 19 1908

Undertaker M. F. SADOWSKI

Address 703 S. ANN ST.

WM. J. C. DULANY CO., BALTIMORE.

BALTIMORE, MD.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10540 Registered No. B C10540

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 844 St Peter St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Milton Bell

{ Residence, if in Baltimore, Give Street and Number. } 844 St Peter

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: Dec 26 1907	
AGE: 0 years, 2 months, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Emory Bell
BIRTHPLACE OF FATHER (State or country)	Balto. Md.
MAIDEN NAME OF MOTHER	Emma Kaufman
BIRTHPLACE OF MOTHER (State or country)	Balto. Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emory Bell

(Address) 844 St. Peter st.

Filed 3/18 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 1908

I HEREBY CERTIFY, That I attended deceased from A Cramer 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

One & twins
Convulsions
Inanition

(DURATION) DAYS

Con'ributory (Primary.) Congenital
Debility

(DURATION) DAYS

(Signed) Emory Jones M.D.
Coroner

Address

Date March 17 1908

Place of Burial Western Cemetery

Date March 18 1908

Undertaker James Dignan & Sons.

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

45

(Place of Death.) No. Bath City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Doyle.

{ Residence, if in Baltimore, Give Street and Number. } 507 E. 21st St

C10541

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH March 1867

AGE 41 years, 9 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S—

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Patrick Doyle

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen Lynch

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Waitress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mihl Doyle

(Address) 1709 Gilsford Ave.

Filed 3/18 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1908

I HEREBY CERTIFY, That I attended deceased from Mch 7 1908 to Mch 17 1908 that I last saw h alive on Mch 17 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Brain

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W W Baker M.D.

Address Bath City Hospital

Date Mch 17 1908

Place of Burial Cathedral Cemetery

Date March 19 1908

Undertaker Henry W. Maus & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10542 Registered No. B C10542

CERTIFICATE OF DEATH.

43

(Place of Death.) No. 1114 E. 20th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie Lilly Disney

{ Residence, if in Baltimore, Give Street and Number. } 1114 E 20th

Duration of Residence in Baltimore. all her life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar. 8 1859

AGE: 49 years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John W. Disney

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Hannah A. Jones

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Thos. H. Disney

(Address) 210 E. Lexington St.

Filed 3/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 16th 1907 to March 18th 1908 that I last saw h Alive on 17th Mar 1908, and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Breast

4 mos. (DURATION) 11 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. T. Reynolds M.D.

Address 2004 St. Paul St.

Date Mar 15th 1908

Place of Burial Greenmount Cemetery

Date Mar 19th 1908

Undertaker H. E. Hughes

Address 175 Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B C10543

C10543

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1807 N Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucy Gresswood

{Residence, if in Baltimore, Give Street and Number.} 1807 N Broadway,

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR W

DATE OF BIRTH Dec 23 1844

AGE 63 years, mont's, days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Charleston Dist

FULL NAME OF FATHER Wm L Gresswood

BIRTHPLACE OF FATHER (State or country) Charleston Dist

MAIDEN NAME OF MOTHER /

BIRTHPLACE OF MOTHER (State or country) Charleston Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L Gresswood

(Address) 1807 N Broadway

Filed 3/18 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 16 1908

I HEREBY CERTIFY, That I attended deceased from Mch 16th 1908 to Mch 16th 1908 that I last saw her alive on Mch 16 1908, and that death occurred, on the date stated above, at 2 P M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

5 Hours' (DURATION) ~~DAYS~~

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Wm J. Watson M.D.

Address 2128 St Paul St

Date Mch 17th 1908

Place of Burial Balto Cem

Date Mar 17th 1908

Undertaker Robt Timmen

Address 1442 N Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B C10544

C10544

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 648 Bradley St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Major Strange

{ Residence, if in Baltimore, Give Street and Number. } 648 Bradley

Duration of Residence in Baltimore. 43 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 85 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Milton Strange

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm G. Strange

(Address) 648 Bradly St

Filed 3/18 1908

HARRY O. ANDREWS
Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 1908

I HEREBY CERTIFY, That I attended deceased from March 9 1908 to March 16 1908 that I last saw h[illegible] alive on March 16 1908, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Senile Debility

(DURATION) (?) DAYS

Contributory (Primary.) Senile Debility

(DURATION) DAYS

(Signed) A. S. McCard M.D.

Address 2005 Druid Hill Ave

Date March 17 1908

Place of Burial Mt Auburn

Date March 19th 1908

Undertaker Wm J. G. Jackson

Address 42 Bulletin St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C10545 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Lawlor

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX M.	COLOR W.
DATE OF BIRTH	March Feb 14 1904
AGE	..... years, 1 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy

(Address)

Filed March 18 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 16 1908 that I last saw h[illegible] alive on " " 1908 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) H. S. Fisher M.D.

Address 9.6. Biddle St

Date March 17th 1908

Place of Burial New Cathedral

Date March 16 1908

Undertaker Martin Gahey Pow

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C10546 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Micheal Carlos.

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W

DATE OF BIRTH Feb 10 1901

AGE ..... years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy.

(Address)

Filed March 18 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 16 1908 that I last saw h alive on " " 1908 and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital debility

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) J S Fisher M.D.

Address 7.6. Biddle St.

Date March 18 1908

Place of Burial New Cathedral

Date March 18 1908

Undertaker Martin Gahey & Son

Address 406 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, occupation, residence, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C10547 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Judge.

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR W.

DATE OF BIRTH Feb. 9 1908

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed March 18 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 16 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at 9 A M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J.S. Finlen M.D.

Address 9.6. Biddle St.

Date March 18 1908

Place of Burial New Cathedral

Date March 18 1908

Undertaker Martin Gahan & Son

Address 60 & Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10548 Registered No. B 78

CERTIFICATE OF DEATH.

(Place of Death.) No. 1640 Hanover St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Anne E Heldrich

{Residence, if in Baltimore, Give Street and Number.} 1640 Hanover St

Duration of Residence in Baltimore. 60 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX White | COLOR Female

DATE OF BIRTH 1

AGE 70 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Smith McCotter

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Harry Heldrich

(Address) 1640 Hanover

Filed March 18 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 18 1908

I HEREBY CERTIFY, That I attended deceased from Feb 14 1908 to Mar 18 1908 that I last saw her alive on Mar 17 1908, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis.

(Heart failure) —

(DURATION) 1 DAYS

Contributory (Primary) Pneumonia

(DURATION) 30 DAYS

(Signed) C P Straus M.D.

Address 1606 Light St

Date Mar 18 1908

Place of Burial Loudon Park

Date 20 March 1908

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10549 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William A Helfrich

{Residence, if in Baltimore, Give Street and Number.} 1105 N. Central Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt.

(Address) BAY VIEW ASYLUM

Filed March 19th 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 21 1908 to March 17 1908 that I last saw h[im] alive on March 17 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date March 18 1908

Place of Burial Locust Point Cemetery

Date March 19th 1908

Undertaker Henry Hooke Sons

Address 1301 E Eager St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

153

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home — St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name John C. Peach

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

C 10550

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: About Feb. 25, 1908

AGE: ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths home

Filed March 19 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 26 1908 to Mar. 16 1908 that I last saw him alive on Mar. 16 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or immediate)

Inanition

(DURATION) 18 DAYS

Contributory (Primary) Exposure to cold - Fainting (DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date Mar. 18, 1908

Place of Burial Cathedral Cemetery

Date March 19th 1908

Undertaker Elias B. Dyer

Address 1023 Hulburty st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C10551 Registered No. B C10551

CERTIFICATE OF DEATH.

17

(Place of Death.) No. 538 Union St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helm Holmes

{Residence, if in Baltimore, Give Street and Number.} abon

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Female / COLOR: Colored	DATE OF DEATH: 3.18 1908
DATE OF BIRTH: 1	I HEREBY CERTIFY, That I attended deceased from: As Person 190 to 190
AGE: 3 years, — months, — days	that I last saw h alive on 190
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate): Convulsions from Teeth
BIRTHPLACE (State or country): Baltimore, Md.	
FULL NAME OF FATHER: John. Bailey.	
BIRTHPLACE OF FATHER (State or country): Va.	
MAIDEN NAME OF MOTHER: Mary Holmes.	(DURATION) DAYS
BIRTHPLACE OF MOTHER (State or country): Va	Con'ributory (Primary.)
OCCUPATION OF DECEASED: None	(DURATION) DAYS
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	(Signed) J. D. Edebart M.D.
(Informant) John. Bailey.	Address 711 W. Lanvale
(Address) 538 Union St.	Date 3.18 1908
Filed Mch 19 1908 HARRY O. ANDREWS Registrar PERMIT CLERK	Place of Burial Mt Auburn Cemetery
	Date March 19th 1908
	Undertaker Felix B. Fox.
	Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C10552

CERTIFICATE OF DEATH.

(Place of Death.) No. 917 N. Bond St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna M. Schiffhauer.

{ Residence, if in Baltimore, Give Street and Number. } 917 N. Bond St.

Duration of Residence in Baltimore. 60 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 15 1823

AGE: 84 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: John Hartman.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Valentine Schiffhauer

(Address) 917 N. Bond St

Filed 3/19 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16th 1908

I HEREBY CERTIFY, That I attended deceased from March 10th 1908 to March 16th 1908

that I last saw her alive on March 15th 1908,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate

Senility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1501 Eutaw Pl

Date March 16th 1908

Place of Burial Holy Redeemer

Date March 20 1908

Undertaker A. Fink & Son

Address 915 Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C10553

Registered No. B .....

City of Baltimore, (No. 127 Allegheny St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rachel Shoemaker

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: Unknown. 1 (Month) (Day) Year)

AGE: 57 years, abt- months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Russia.

FULL NAME OF FATHER: — Shoemacher

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Rachel Shoemacher

BIRTHPLACE OF MOTHER (State or country): Russia -

OCCUPATION OF DECEASED: H.W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Shoeman

(Address) 127 Allegheny St

Filed 3/19 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 18 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 27 1908 to March 18 1908 that I last saw h[er] alive on March 18 1908, and that death occurred, on the date stated above, at 8.30 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of Stomach & Asophagus.

Unknown (DURATION) about 9 DAYS

Contributory Asthenia —

Unknown (DURATION) DAYS

(Signed) Alfred Whitridge M. D.

March 19 1908 (Address) Eutaw Place & Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale Cemetry	Mar. 19 1908
UNDERTAKER	ADDRESS
Max Levinson	1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

Ward 7 C10554 Registered No. B C10554

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 307 S. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mildred Coleman

{Residence, if in Baltimore, Give Street and Number.} 307 S. Durham St

Duration of Residence in Baltimore. life C10554

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR colored

DATE OF BIRTH 1

AGE 2 years, 2 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER Jos Coleman

BIRTHPLACE OF FATHER (State or country) Cambridge Md

MAIDEN NAME OF MOTHER Ella Thomas

BIRTHPLACE OF MOTHER (State or country) Fairmount Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Coleman

(Address) 1709 Orleans

Filed 3/19 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 / 1908

I HEREBY CERTIFY, That I attended deceased from March 1 / 1908 to Mar 18 / 1908

that I last saw her alive on Mar 14 1908,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 4 DAYS

Contributory (Primary.) Pneumonia

Probable T. B (DURATION) 3 months

Could not obtain Sputum

(Signed) A. F. Rondeau M.D.

Address 1904 E. Fayette St.

Date March 18 / 1908.

Place of Burial Asbury Cemetery

Date March 20 1908

Undertaker Robert A Elliott

Address 506 Roper Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C10555 Registered No. B C10555

CERTIFICATE OF DEATH.

(Place of Death.) No. 1349 Carroll St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Goldia Williams

{ Residence, if in Baltimore, Give Street and Number. } 1349 Carroll st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Dec 1907

AGE 1 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Albert Williams

BIRTHPLACE OF FATHER (State or country) Balt Co

MAIDEN NAME OF MOTHER Sarah Summerfield

BIRTHPLACE OF MOTHER (State or country) Balti

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Williams

(Address) 1349 Carroll st

Filed 3/19 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17th 1908

I HEREBY CERTIFY, That I attended deceased from February 1st 1908 to March 17 1908 that I last saw her alive on March 17 1908, and that death occurred, on the date stated above, at 3 30 P. M. CAUSE OF DEATH (Secondary or immediate.)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Bruns M.D.

Address 2017 Folkemer ave

Date March 18th 1908

Place of Burial Mt Auburn

Date March 19 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C10556 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 9 E. Chase St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Putney Whyte

{Residence, if in Baltimore, Give Street and Number.} 9 E. Chase St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 9th 1824

AGE: 83 years, 7 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Joseph White

BIRTHPLACE OF FATHER (State or country): Belfast, Ireland

MAIDEN NAME OF MOTHER: Isabella Putney

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clymer Whyte

(Address) 104 E. Lexington St

Filed 3/19 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17th 1908

I HEREBY CERTIFY, That I attended deceased from March 13th 1908 to March 17th 1908 that I last saw him alive on March 17th 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure from the Toxaemia of Erysipelas

(DURATION) 5 DAYS

Contributory (Primary.) Erysipelas (facial)

(DURATION) 5 DAYS

(Signed) William M. Delaney M.D.

Address 330 N. Charles St

Date March 17th 1908

Place of Burial Greenmount

Date March 20th 1908

Undertaker W. W. Jenkins & Son Co

Address 220 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10557 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. Fremont & Pacca Sts St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Strutter

{ Residence, if in Baltimore, Give Street and Number. } 105 W. Pratt

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: ~~years~~ 14 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Matthew Strutter

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elnora Banks

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elnora Banks

(Address) 417 Cider alley

Filed 3/19 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3.17 1908

I HEREBY CERTIFY, That I attended deceased from Ad Brown 190 to 190

that I last saw li alive on 190,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 3 DAYS

(Signed) J. D. Blanton Brown M.D.

Address 211 N. Fremont

Date 3.18 1908

Place of Burial Woodlawn Cemetery

Date March 19 1908

Undertaker Geo H Hooper

Address 609 Little Pacca St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Essex (Clk).

Registered No. B C10558

C10558

CERTIFICATE OF DEATH.

(Place of Death.) No. Bd. Homoe. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name (Infant of) Martha Jones,

{ Residence, if in Baltimore, Give Street and Number. } 1433 Freeman St.

Duration of Residence in Baltimore. Born.

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR Colored.

DATE OF BIRTH Thursday 2d 1908.

AGE — years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Howard Johnson,

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Martha Jones,

BIRTHPLACE OF MOTHER (State or country) S. C.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/19 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19th 1908

I HEREBY CERTIFY, That I attended deceased from 3/10 1908 to 3/15 1908

that I last saw h.. alive on 3/15 1908

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate

Congenital debility

(DURATION) DA

Contributory (Primary)

(DURATION) DA

(Signed) Edgar Smith Lutheran M.D.

Address 2729 E. Pratt St.

Date 3/15 1908

Place of Burial COLLEGE OF P. & S

Date MAR 18 1908

Undertaker Commissioner Health.
Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

5

Ward 14 C1059 Registered No. B C1059

CERTIFICATE OF DEATH.

(Place of Death.) No. 207 N. Gay st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward C. Files

{Residence, if in Baltimore, Give Street and Number.} 207 N. Gay st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 5" 1863

AGE: 44 years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jos. Files

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mrs Quade

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Solon Robinson

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Jennie Files

(Address) 207. N. Gay st

Filed 3/19 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 31 1907 to March 18 1908 that I last saw h[illegible] alive on March 17 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis causing respiratory failure

(DURATION) 78 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) G. C. Rust M.D.

Address 2000 E. Baltimore st

Date March 18 1908

Place of Burial Balto. Cemetery

Date Mar 20" 1908

Undertaker Geo M. Frank

Address 811 N. Dolphin st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10560 Registered No. B 9/20

CERTIFICATE OF DEATH.

(Place of Death.) No. 42 E York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Martin

{Residence, if in Baltimore, Give Street and Number.} 42 E York St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Don't know

AGE 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bart. Fahey.

(Address) 42 E York St

filed 3/19 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4. 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

(DURATION) ... DAYS

Con'ributory (Primary.)

(DURATION) ... DAYS

(Signed) Otto M. Feinhardt M.D.

Address Grover

Date March 13. 1908

Place of Burial National Cemetery

Date March 20 1908

Undertaker John E Hamilton

Address 1422 Pennsylvania

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10561

City of Baltimore, (No. 34, 2nd Eleanor Ward) St.;

[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Laura Colleen

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR B.

DATE OF BIRTH 1878 — 1 (Month) (Day) Year)

AGE 30 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Prince Geo Md

FULL NAME OF FATHER Lem Spriggs

BIRTHPLACE OF FATHER (State or country) Prince Geo Md.

MAIDEN NAME OF MOTHER Harriett West

BIRTHPLACE OF MOTHER (State or country) Prince Geo Md

OCCUPATION OF DECEASED wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband 24 N Eleanor

(Address) Park Ave

Filed 3/19 1908

HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3/17 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1906 to 3/18 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at ——— M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

about 1½ years

(DURATION) DAYS

Contributory Synovial Tuberculosis

(DURATION) 6 mos DAYS

(Signed) Henry F. Cassidy M. D.

3/18 1908 (Address) Roland

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Prince	March 22 1908
UNDERTAKER	**ADDRESS**
John E Hunt & Co	1422 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10562

City of Baltimore, (No. #1101 W. Montgomery St.; — Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Carroll.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Black
DATE OF BIRTH	March 12th 1908. (Month) (Day) (Year)
AGE	— years, — months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	?
BIRTHPLACE OF FATHER (State or country)	?
MAIDEN NAME OF MOTHER	Ida Carroll.
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Carroll

(Address) 110 W Montgomery St

Filed 3/19 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 12th 1908 to March 18th 1908 that I last saw him/her alive on March 17th 1908., and that death occurred, on the date stated above, at 1.30 a. m. The CAUSE OF DEATH was as follows:

Premature.

(DURATION) 6, DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Walter D Thos M. D.

Mar 19 1908 (Address) City Hosp.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	March 19 1908
UNDERTAKER	**ADDRESS**
C. L. Brown & Son	108 W Fayette

WM. J. C. DULANY CO., BALTIMORE

Ward 14 C10563 Registered No. B 10563 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2235 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Walter Chesley

{ Residence, if in Baltimore, Give Street and Number. } 2235 Druid Hill ave

Duration of Residence in Baltimore. 54 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 27th 1815

AGE 93 years, 1 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Nova Scotia

FULL NAME OF FATHER Paul Chesley

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Ann Mackenzie

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED Florist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ann Chesley

(Address) 2235 Druid Hill Ave

Filed 3/19 1908 HARRY C. ANDREWS, PERMIT CLERK } Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19th 1908

I HEREBY CERTIFY, That I attended deceased from March 15th 1908 to March 19th 1908

that I last saw him alive on March 17th 1908,

and that death occurred, on the date stated above, at 7.30 a.m.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. Dunn M.D.

Address 2017 Folkingham Ave

Date March 19th 1908

Place of Burial Baltimore Cemetery

Date March 21" 1908

Undertaker N. S. Fink

Address 2113 N. Front St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 18 C10561 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1404 Lemmon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Custis

{Residence, if in Baltimore, Give Street and Number.} 1404 Lemmon

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Dec 4 " 1907

AGE: ..... years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Geo Custis

BIRTHPLACE OF FATHER (State or country): Balt Md

MAIDEN NAME OF MOTHER: May E. Ellis

BIRTHPLACE OF MOTHER (State or country): Balt Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May E. Custis

(Address) 1404 Lemmon St

Filed 3/19 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1908

I HEREBY CERTIFY, That I attended deceased from Mch 15 1908 to Mch 17 1908

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

1 Congestion of Kidneys

(DURATION) ..... DAYS

Con'tributory (Primary.) Tremulens

Bright's (DURATION) ..... DAYS

(Signed) Thos C. Jones M.D.

Address Coroner

Date March 18 1908

Place of Burial Mt Auburn

Date March 19 1908

Undertaker N. S. Trinkle

Address 2113 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 F No 19 — C10565 Registered No. B — C10565

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CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Gen'l Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Laura May Preis

{Residence, if in Baltimore, Give Street and Number.} #1627 Catapsco St

Duration of Residence in Baltimore. 21 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR W.

DATE OF BIRTH 1

AGE 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John Hartman

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Mary E. Conway

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. F. Preis

(Address) 1627 Catapsco

Filed 3/19 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 16th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 24 1908 to Mch 16 1908 that I last saw h[illegible] alive on Mch 16 1908, and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Septicemia, and as Contributory following Hemorrhage from intest[illegible]

(DURATION) DAYS

Con'tributory (Primary.) Miscarriage

(DURATION) DAYS

(Signed) J. Wm Sears M.D.

Address Md. Gen'l Hosp

Date 3 — 16 — 1908

Place of Burial Cedar Hill Cem.

Date March 20. 1908.

Undertaker D. & M. G. Klynn.

Address 42. East West Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date*** [illegible]

Ward W

Registered No. B C10566

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 711 Mulberry St. of Edward Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Martha Boone

{Residence, if in Baltimore, Give Street and Number.} 711 Mulberry St

Duration of Residence in Baltimore. 3 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH March 14 1908

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Edward Boone

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Martha Cook

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E Cook

(Address) 711 Mulberry st.

Filed 3/19 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1908

I HEREBY CERTIFY, That I attended deceased from March 14 1908 to March 17 1908

that I last saw h. alive on March 16 1908,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Joseph E Valentine M.D.

Address 622 W Lombard St

Date March 18 1908

Place of Burial Mt Auburn Cemetery

Date March 19 1908

Undertaker Des H Slother

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10567 Registered No. B C10567

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CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie Neihoff

{ Residence, if in Baltimore, Give Street and Number. } 104 W. Hughes St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 8, 1869

AGE: 19 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Neihoff

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Factory-hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Neihoff

(Address) 104 Hughes St

Filed 3/19 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1908

I HEREBY CERTIFY, That I attended deceased from March 13 1908 to March 18 1908

that I last saw h[illegible] alive on March 8 1908

and that death occurred, on the date stated above, at 11.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Diabetes mellitus.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date March 16 1908

Place of Burial St. Peters

Date Mar. 20, 1908

Undertaker J. F. Fahey

Address 1[illegible] E. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. C10568

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10568

City of Baltimore, (No. 1108 N Fremont Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen Kelly

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Sept 1 1870 (Month) (Day) (Year)

AGE 32 years, 6 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Kelly

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ellen Hayden

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1108 N. Fremont Ave

Filed 3/19 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 17 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 13 1908 to Mar 17 1908 that I last saw h[e] alive on Mar 17 1908, and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

14 Mo (DURATION) 14 DAYS

Contributory (DURATION) DAYS

(Signed) Chas L Feltenstein M. D.

MAR 18 1908 (Address) N. E. Cor. Lafayette & Carrollton Aves

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Cathedral

DATE OF BURIAL Mar 20 1908

UNDERTAKER H. C. Windfield

ADDRESS 914 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 Registered No. D 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 522 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Simone Avara

{Residence, if in Baltimore, Give Street and Number.} 522. W. Baltimore C10569

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 6 March 1908

AGE: ..... years, ... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Salvatore Avara

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Rosaria Cascio

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S Avara

(Address) 522 W Baltimore St

Filed 3/19 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 19 March 1908

I HEREBY CERTIFY, That I attended deceased from 16 March 1908 to 19 March 1908 that I last saw h[illegible] alive on 19 March 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Joseph Barrano M.D.

Address 20 N. Green st

Date March 19 1908

Place of Burial St Vincents

Date March 19 1908

Undertaker Mrs A Rohde & Son

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C1037.0

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1103, N Eden St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Long

{Residence, if in Baltimore, Give Street and Number.} 1103 N. Eden St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 16 1906

AGE 1 years, 5 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER Katie Long

BIRTHPLACE OF MOTHER (State or country) Don't Know

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Peterson M.D.

(Address) 1103 N. Eden St

Filed 3/19 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18. 1908

I HEREBY CERTIFY, That I attended deceased from March 13 1908 to March 18 1908 that I last saw he alive on 18 of 11 1908, and that death occurred, on the date stated above, at 10.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia
About (DURATION) 6 DAYS

Contributory (Primary) Severe
Cold About (DURATION) 10 DAYS

(Signed) E. L. Peterson M.D.

Address 1103 N. Eden St

Date March 19 1908

Place of Burial First German United Evangelical Lutheran Cemetery

Date March 19th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C10571 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 406 N Hugh St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles A Wagner

{Residence, if in Baltimore, Give Street and Number.} 406. N Hugh St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH [illegible] 1

AGE 50 years, [illegible] months, [illegible] days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Ferdinand C Wagner

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Matilda Schafer

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura M Wagner

(Address) 406 N Hugh St.

Filed 3/19 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18th 1908

I HEREBY CERTIFY, That I attended deceased from March 17th 1908 to March 18th 1908 that I last saw h[illegible] alive on March 16th 1908, and that death occurred, on the date stated above, at 12.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

A Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John J. Veith. M.D.

Address #936 E. Monument St

Date March 18th 1908

Place of Burial Baltimore Cemetery

Date March 20th 1908

Undertaker Wm Carl

Address 502 E North Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

C10572

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C10572

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1329 Patterson Park Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph H. Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct (Month) 3 (Day) 1872 (Year)

AGE: 35 years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Mathew Miller

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann R. Moore

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Miller

(Address) 132 E. Patterson Park Ave

Filed 3/19 1908

HARRY O. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 17 1908 to Mch 15 1908

that I last saw him alive on Mch 15 1908,

and that death occurred, on the date stated above, at 4.45 P. M. The CAUSE OF DEATH was as follows:

Congestion of Both Lungs

(DURATION) DAYS

Contributory La Grippe

Arterio Sclerosis (DURATION) 1 Year DAYS

(Signed) E. W. Dulchen M. D.

Mch 15 1908 (Address) 2250 E. Hoffman

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loder Hill

DATE OF BURIAL: Mar 20 1908

UNDERTAKER: Albert S. Fuller

ADDRESS: 321 N. Broadway

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 4 C10573 Registered No. B C10573

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 220 N. Mulberry St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Samuel Shelley

{ Residence, if in Baltimore, Give Street and Number. } 220 N. Mulberry St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 3 1849

AGE: 58 years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Shelley

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rebecca Lowndes

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno C. Shelley

(Address) 206 N. Broadway

Filed 3/19 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAR 17 1908 190

I HEREBY CERTIFY, That I attended deceased from Mar 3rd 1908 to Mar 17th 1908

that I last saw h— alive on " " 190—,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis

(DURATION) DAYS

Contributory (Primary.) Arterio Sclerosis (DURATION) 15 DAYS

(Signed) J. M. Litsinger M.D.

Address 212 N. Fremont Ave

Date MAR 18 1908 190

Place of Burial Loudon Park Cem.

Date MAR 20 1908 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C10574 Registered No. B C10574

CERTIFICATE OF DEATH.

(Place of Death.) No. 1509 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Chidester

{Residence, if in Baltimore, Give Street and Number.} 1509 Hanover St

Duration of Residence in Baltimore. 6 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 9th 1904

AGE 4 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Williamsport Pa

FULL NAME OF FATHER Oren C. Chidester

BIRTHPLACE OF FATHER (State or country) Williamsport Pa

MAIDEN NAME OF MOTHER Blanche Woolever

BIRTHPLACE OF MOTHER (State or country) Montoursville

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oren C Chidester

(Address) 1509 Hanover st

Filed 3/19 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 19 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 13 1908 to Nov 18 1908 that I last saw him alive on Nov. 18th 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure

(DURATION) DAYS

Con'tributory (Primary.) Scarlet Fever

(DURATION) 5 DAYS

(Signed) H. Lee Dawkins M.D.

Address 1328 Eldorado

Date Nov 19 1908

Place of Burial Cedar Hill

Date March 20 1908

Undertaker J E Evans & Son

Address 1728 Charles St

1 P M

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C10575 Registered No. B

CERTIFICATE OF DEATH.

C10575

(Place of Death.) No. 1509 Hanover St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Frances Childerston

{Residence, if in Baltimore, Give Street and Number.} 1509 Hanover

Duration of Residence in Baltimore. 6 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 1 1902

AGE 5 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Williamsport Pa

FULL NAME OF FATHER Oren C Chidester

BIRTHPLACE OF FATHER (State or country) Williamsport Pa

MAIDEN NAME OF MOTHER Blanche Woolever

BIRTHPLACE OF MOTHER (State or country) Montoursville

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oren C Chidester

(Address) 1509 Hanover st.

Filed 3/19 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 19 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 15 1908 to Mar 19 1908 that I last saw h[illegible] alive on Mar 19 1908 and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cordeac Faibern

(DURATION) DAYS

Con'ributory (Primary.) Scarlet fever

(DURATION) 4 DAYS

(Signed) Albert Bausch M.D.

Address 122 S. Charles

Date Mar. 19 " 1908

Place of Burial Cedar Hill

Date March 20 1908

Undertaker E E Evans & Son

Address 23 S Charles St

1 P M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10576 Registered No. B C10576

CERTIFICATE OF DEATH.

(Place of Death.) No. 2630 Hudson Street — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Casyli Gromon

{ Residence, if in Baltimore, Give Street and Number. } 2630 Hudson Street —

Duration of Residence in Baltimore. 17 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 34 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Michael Garogmski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Franzis Kotapiuk.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wladislaus Cromin. Wahnty

(Address) 2630 Hudson St

Filed 3/19 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 18 March — 1908

I HEREBY CERTIFY, That I attended deceased from 10 March 1908 to 18 March 1908 that I last saw h e alive on 18 March 1PM 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or immediate.)

Tuberculosis Pulmonum (Phthisis)

Four years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. J. Abromaus M.D.

Address 578 S. Broadway

Date 19 March 1908

Place of Burial: St. Stanislaus.

Date MAR 20 1908

Undertaker: Mr F. SADOWSKI

Address 703 S. ANN ST.

BALTIMORE, MD.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10577

Ward ..... Registered No. B .....

C10577

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Solomon

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. ...

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Factory girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt.
BAY VIEW ASYLUM.

(Address)

Filed 3/19 190 8 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 14 1907 to March 17 1908 that I last saw h-- alive on March 17 1908 and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date March 19 1908

Place of Burial Baltimore City

Date March 20th 1908

Undertaker Howard Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C10578 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Aretha Knight

{Residence, if in Baltimore, Give Street and Number.} 2049 Keyser St

Duration of Residence in Baltimore. 3

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ~~1 year~~ 17 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Henry F. Knight

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Swanson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Knight

(Address) 2049 Keyser St

Filed 3/19 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1908

I HEREBY CERTIFY, That I attended deceased from March 17 1908 to March 19 1908

that I last saw her alive on March 19 1908,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchopneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. M. Clough M.D.

Address Johns Hopkins Hospital

Date March 19 1908

Place of Burial Samuel C

Date March 21 1908

Undertaker R. A. Elliott

Address 776 Rayner Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C10579 Registered No. B C10579

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Miller

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH About Sept. 28 1908

AGE ..... years, ... months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Patsey Miller

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred St. Elizabeth Home

(Address) St. Paul St near Pleasant St

Filed 3/19 1908 HARRY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 19 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 13 1908 to Mar. 18 1908 that I last saw him alive on Mar. 17 1908, and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Congenital Debility (DURATION) Life DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date Mar 19, 1908

Place of Burial Cathedral Cemetery

Date Mar. 20 1908

Undertaker Felix B. Pise.

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th

C10580

Registered No. Bed 16

93

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas. H. Allen

{ Residence, if in Baltimore, Give Street and Number. } 400 W. Camden

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: May — 19 — 1860

AGE: 47 years, 9 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Georgetown D.C.

FULL NAME OF FATHER: Edwards Allen

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Hunter

BIRTHPLACE OF MOTHER (State or country): Georgetown D.C.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Allen

(Address) 6 - 8th St West Balto

Filed March 20 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 17 1908

I HEREBY CERTIFY, That I attended deceased from 3/12 1908 to 3/17 1908

that I last saw h alive on 3/17 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Respiratory Failure

(DURATION) DAYS

Contributory (Primary.)

Pneumonia (DURATION) 9 DAYS

(Signed) A. H. Legg M.D.

Address Univ. Hosp.

Date March 19 1908

Place of Burial Holy Cross Cem

Date March — 20 — 1908

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10581 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stewart Darrell

{Residence, if in Baltimore, Give Street and Number.} 1109 N. Eutaw St.

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Bermuda

FULL NAME OF FATHER John H Darrell

BIRTHPLACE OF FATHER (State or country) Bermuda

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss M. Darrell

(Address) 1109 Eutaw St.

Filed March 20" 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1908

I HEREBY CERTIFY, That I attended deceased from Nov 26 1907 to Mar 19 1908

that I last saw him alive on Mar 19 1908,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Pylorus

Senility. Double otitis

Media. Right sided Mastoid

itis (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) [illegible] M.D.

Address City Hospital

Date March 19 1908

Place of Burial Greenmount

Date March 21 1908

Undertaker Henry A. Justice Sons

Address 300 N. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 C10582 Registered No. B C10582

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 1575 Clifton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Katherine Hart.

{Residence, if in Baltimore, Give Street and Number.} 1575 Clifton Ave.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: February 14 1908

AGE: — years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S. Baby

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Wm. H. Hart

BIRTHPLACE OF FATHER (State or country): Baltimore md

MAIDEN NAME OF MOTHER: Ella. B. Hilstead

BIRTHPLACE OF MOTHER (State or country): Baltimore md.

OCCUPATION OF DECEASED: Baby.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Hart.

(Address) 1575 Clifton ave.

Filed 3/20 190 8 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 10 1908 to Mar. 19 1908 that I last saw h as alive on Mar 18 1908, and that death occurred, on the date stated above, at 2. a. m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion do.

Marasmus + Gastritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. T. O'Mara. M.D.

Address 1038 Edmondson ave

Date March 19 1908

Place of Burial St Peters Cem

Date March 20th 1908

Undertaker M Cadogan

Address 696 Mulberry st

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

94

CERTIFICATE OF DEATH. C10583

Registered No. B

City of Baltimore, (No. 1605 N. Henry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lorraine Mersinger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 7th 1899 (Month) (Day) (Year)

AGE: 9 years, months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jacob Mersinger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna M. Nastogel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Knull

(Address) 917 Columbia Ave

Filed 3/20 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 18 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 3 1908 to March 18 1908

that I last saw him alive on Mch 18 1908

and that death occurred, on the date stated above, at 9.30 A M. The CAUSE OF DEATH was as follows:

Pleurisy

(DURATION) 16 DAYS

Contributory

(DURATION) DAYS

(Signed) Edw H. Condon M. D.

3/18 1908 (Address) 1403 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	March 21 1908
UNDERTAKER	ADDRESS
A Knull & Son	80 Columbus Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C10584

City of Baltimore, (No. 1312½ N Charles St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Hough

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 30 1841
(Month) (Day) (Year)

AGE 66 years, 5 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Robert Hough

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary Dickinson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Superintendent of Parks

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Daniel Hummel

(Address) 1312½ N Charles

Filed 3/20 1908 HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 5 1908 to Mar 18 1908 that I last saw him alive on Mar 18 1908, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Acute Pulmonary Oedema
Acute Laryngitis (DURATION) — DAYS

Contributory Nephritis
Probably for years (DURATION) DAYS

(Signed) H C Stinchcomb M. D.

Mar 19 1908 (Address) 16 W Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Druid Ridge | DATE OF BURIAL March 20 1908

UNDERTAKER J B Cook | ADDRESS 1003 N Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C10585 Registered No. B C10585

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 349 S. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clayton R. Murr

{Residence, if in Baltimore, Give Street and Number.} 349 S. Mount St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 1907

AGE: — years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John Philip Murr

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Sallie Warner

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Murr

(Address) 349 S. Mount St

Filed 3/20 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20" 1908

I HEREBY CERTIFY, That I attended deceased from March 18" 1908 to March 20 1908 that I last saw h~~im~~ alive on March 20" 1908, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 1 DAYS

(Signed) W Blaney M.D.

Address 1103 Gilmor St

Date Mar 20" 1908

Place of Burial St Mary's Cem Kaufden

Date March 21 1908

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20

C16586

Registered No. B C16586

CERTIFICATE OF DEATH.

(Place of Death.) No. 244 N Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Grace S Cudmore

{ Residence, if in Baltimore, Give Street and Number. } 244 N Fulton Ave

Duration of Residence in Baltimore. 3 Weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Feb 28th 1869

AGE 39 years, — months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) New London Frederick Co Md

FULL NAME OF FATHER John B Spangler

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Rachael Buckingham

BIRTHPLACE OF MOTHER (State or country) Frederick Co Md.

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ida N Buckingham

(Address) 244 N Fulton Ave

Filed 3/20 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19th 1908

I HEREBY CERTIFY, That I attended deceased from March 17th 1908 to March 19th 1908 that I last saw her alive on March 19th 1908, and that death occurred, on the date stated above, at 1.35 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Larynx

? (DURATION) ? DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Egbert L Mortensen M.D.

Address 125 N Fulton Ave

Date March 19th 1908

Place of Burial London Park Cem

Date March 21 1908

Undertaker Jos B Cook

Address 1003 N Bulto St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C16887 Registered No. B C16887

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 1712 N Charles St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia Eliza Bouldin

{ Residence, if in Baltimore, Give Street and Number. } 1712 N. Charles St.

Duration of Residence in Baltimore. 16 yrs. 4 mos. + 26 days

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH Oct 21 1831

AGE 76 years, 4 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER James Allen

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Elizabeth Taylor

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augustus Bouldin

(Address) 1712 N Charles

Filed 3/20 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18. 1908

I HEREBY CERTIFY, That I attended deceased from March 5. 1908 to March 18. 1908

that I last saw h[er] alive on " " 1908;

and that death occurred, on the date stated above, at 12.

M. CAUSE OF DEATH (Secondary or Immediate)

Uremia of Lungs

(DURATION) 13 DAYS

Contributory (Primary.)

Endarteritis (DURATION) 3 years DAYS

(Signed) Jos. H. Hartman M.D.

Address 1121 N. Caroline St.

Date March 19. 1908

Place of Burial Greenmount Cem

Date March 21 1908

Undertaker J. & J. B. Cook

Address 1003 N. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B C10588

C10588

CERTIFICATE OF DEATH.

(Place of Death.) No. 814 South Eutaw St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin Wallace

{ Residence, if in Baltimore, Give Street and Number. } 814. S. Eutaw St.

Duration of Residence in Baltimore. 4 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1

AGE: 4 years, 3 months, days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore Maryland

FULL NAME OF FATHER: George Wallace

BIRTHPLACE OF FATHER (State or country): Calvert County

MAIDEN NAME OF MOTHER: Emma Patterson

BIRTHPLACE OF MOTHER (State or country): Calvert County

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Dickson X.

(Address) 60+ South Eutaw

Filed 3/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18, 1908.

I HEREBY CERTIFY, That I attended deceased from March 18 1908 to — 190—

that I last saw h in alive on March 18 1908,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions -

(DURATION) DAYS

Contributory (Primary.) Ileo-Colitis

(DURATION) DAYS

(Signed) C. W. Roberts M.D.

Address University Hospital

Date March 19th 1908

Place of Burial Mt. Auburn

Date March 20, 1908

Undertaker John H. Toadvine

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C10589 Registered No. B C10589

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 Campbell St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William L. Sorrell

{Residence, if in Baltimore, Give Street and Number.} 622 Campbell St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: ... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: William Hodges

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Elizabeth Liggins

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Liggins

(Address) 622 Campbell st

Filed 3/20 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 17 1908 to Mar 19 1908 that I last saw her alive on Mar. 18 1908, and that death occurred, on the date stated above, at 9 a M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) 1 DAYS

(Signed) J. Morley Hoag M.D.

Address 721 Columbia ave

Date March 19 1908

Place of Burial Mt. Auburn Cem

Date March 20, 1908

Undertaker John H. Toadvine

Address 142 Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B C16590

C16590

91.

CERTIFICATE OF DEATH.

(Place of Death.) No. 620 W. Mulberry St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth C. Ogle

{Residence, if in Baltimore, Give Street and Number.} 620 W. Mulberry St.

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 20 1848

AGE 59 years, 2 months, 26 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER James H Foster

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Ann Eliza Lippy

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Sadie Ogle

(Address) 620 W Mulberry

Filed 3/20 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1908.

I HEREBY CERTIFY, That I attended deceased from Feb 11 1908 to March 17 1908.

that I last saw her alive on March 17 1908,

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 34 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) J. W. C. Cuddy, M.D.

Address 937 Madison Ave.

Date March 18. 1908.

Place of Burial Mt Olivet Cem

Date March 20 1908

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C10591

Registered No. B .....

City of Baltimore, (No. 1100, S. Carey St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marguerite Wunder

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR white

DATE OF BIRTH March 15 1899
(Month) (Day) (Year)

AGE 9 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Frank J. Wunder

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Matilda Brehm

BIRTHPLACE OF MOTHER (State or country) Balto. Maryland

OCCUPATION OF DECEASED Woman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank J. Wunder

(Address) 1100 S. Carey

Filed 3/20 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 16 1908 to March 19 1908 that I last saw h.. alive on March 19 1908, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

(DURATION) DAYS

Contributory Diphtheria 3 Days.

Pneumonia (DURATION) 2 Wks. DAYS

(Signed) Jos. C. Wunder M. D.

1908 (Address) 1823 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park

DATE OF BURIAL March 20 1908

UNDERTAKER Wm Cook

ADDRESS 1021 E Monument St

L. P. W.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C10592 Registered No. B C10592

16

CERTIFICATE OF DEATH.

(Place of Death.) No. 2330 Barclay St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George R. Stevens.

{ Residence, if in Baltimore, Give Street and Number. } 2330 Barclay St.

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 18 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Stevens.

BIRTHPLACE OF FATHER (State or country): York Pa

MAIDEN NAME OF MOTHER: Mary C. Fielding

BIRTHPLACE OF MOTHER (State or country): York Pa

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Stevens

(Address) 2330 Barclay St

Filed 3/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19th 1908

I HEREBY CERTIFY, That I attended deceased from Mar 8th 1908 to Mar 19 1908

that I last saw h[illegible] alive on Mar. 18th 1908

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from Septicaemia

(DURATION) 2 DAYS

Contributory (Primary.) Septicaemia from Otitis (DURATION) 20 DAYS

(Signed) Jno. Monroe Boyle M.D.

Address 104 E. Madison

Date Mar. 19th 1908

Place of Burial Loudon Park

Date March 22 1908

Undertaker Dug Work

Address 507 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C10593 Registered No. B C10593

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1102 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary K. Huber

{Residence, if in Baltimore, Give Street and Number.} 1102 E. Biddle St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W Lite

DATE OF BIRTH: Nov. 16 1872

AGE: 35 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Henry Frank

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kunigunda Schmidt

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr John. R. Huber

(Address) 1102 E Biddle St

Filed 3/20 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18th 1908

I HEREBY CERTIFY, That I attended deceased from March 1st 1908 to March 18th 1908

that I last saw h[illegible] alive on March 18th 1908,

and that death occurred, on the date stated above, at 5.10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

Coma, & Hemiplegia

(DURATION) 1 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferies Buck M.D.

Address 2844 St. Paul St

Date March 19th 1908

Place of Burial Holy Redeemer Cemetery

Date March 21st 1908

Undertaker Henry C Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C10594 Registered No. B

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 811 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget French

{Residence, if in Baltimore, Give Street and Number.} 811 E. Chase St.

Duration of Residence in Baltimore. 46 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ella Grogan

(Address) 811 E. Chase St.

Filed 3/20 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18th 1908

I HEREBY CERTIFY, That I attended deceased from March 15th 1908 to March 18th 1908 that I last saw h alive on March 16th 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Valv. Endocarditis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferies Buell M.D.

Address 2844 St. Paul St.

Date March 18th 1908

Place of Burial Holy Cross Cemetery

Date March 21 1908

Undertaker Henry Hoeck Sons

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 C10595 Registered No. B

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 323 S. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caroline Boehm

{ Residence, if in Baltimore, Give Street and Number. } 323 S Chapel St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 11th 1868

AGE 40 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Justus Kuehne

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Sophia Eckter

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Boehm

(Address) 323 S. Chapel St.

Filed 3/20 1908.

HARRY C. ANDRE[illegible]
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19th 1908

I HEREBY CERTIFY, That I attended deceased from March 17th 1908 to March 19th 1908

that I last saw her alive on March 17 1908

and that death occurred, on the date stated above, at 1.40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

a few hours (DURATION) DAYS

Contributory (Primary) general debility

(DURATION) DAYS

(Signed) R. T. Hardy M.D.

Address 1902 Bank St

Date March 19th 1908.

Place of Burial Balto Cemetery

Date Mch 22nd 1908

Undertaker Germanus Trance

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C10596 Registered No. B C10596

CERTIFICATE OF DEATH.

(Place of Death.) No. 2230 Eaton av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catharine S. Davis,

{Residence, if in Baltimore, Give Street and Number.} # 2230 Eaton av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 18th 1883

AGE 24 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Frank Beck

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Mary Smith

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Beck.

(Address) 418 Dann St.

Filed 3/20 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 20 1908 to March 18 1908

that I last saw h[illegible] alive on March 18 1908.

and that death occurred, on the date stated above, at 2½ P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

about two months (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rebberger M.D.

Address #1709 Alice Anna St.

Date March 18th 1908.

Place of Burial Holy Redeemer Cemetery

Date Mch. 21st 1908

Undertaker Germanus Trance

Address Bank & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

C10597 Registered No. B C10597

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 210 N. Green St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Zdanis

{Residence, if in Baltimore, Give Street and Number.} 210 N. Green St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: m	COLOR: w
DATE OF BIRTH: April 30th 1904	
AGE: 4 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): —	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 3/20 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18th 1908

I HEREBY CERTIFY, That I attended deceased from March 18th 1908 to Same date 1908 that I last saw him alive on March 18th 1908, and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) Intestinal Toxemia

(DURATION) DAYS

(Signed) R. C. Faulkner M.D.

Address Community Hospital

Date March 18th 1908

Place of Burial St Stanislaus

Date March 21" 1908

Undertaker H S Finch

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C10598 Registered No. B C10598 - 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 2939 St Paul st St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Susanna L Sutherland

{ Residence, if in Baltimore, Give Street and Number. } 2939 St Paul st

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 12- 1841

AGE 67 years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Harford Co

FULL NAME OF FATHER Wm H Michael

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Henrietta M. Denny

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Driggs

(Address) 2939 St Paul st

Filed 3/20 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 18th 1908

I HEREBY CERTIFY, That I attended deceased from Mar 3rd 190 to Mar 17 190 8

that I last saw her alive on Mar 17th 190 8, and that death occurred, on the date stated above, at 11.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Mitral disease Dilated heart)

14 (DURATION) DAYS

Contributory (Primary.) Influenza Dec 07

Nephritis &c (DURATION) 14 DAYS

(Signed) Henry Leonard M.D.

Address 2537 St Paul st

Date Mar 19th 1908

Place of Burial Green Mount

Date March 20 — 190 8

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C10599 Registered No. B C10599

132

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha Wilson

{Residence, if in Baltimore, Give Street and Number.} 2310 Stockton St -

Duration of Residence in Baltimore. Three years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH 1891 ~~1908~~

AGE 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Domestic "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Dennis

(Address) 2310 Stockton St.

Filed 3/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 13, 1908

I HEREBY CERTIFY, That I attended deceased from March 5 1908 to March 13 1908 that I last saw her alive on March 13 1908 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Septicaemia

(DURATION) 1/2 DAYS

Contributory (Primary.) Suppuration

Lachrymitis (DURATION) One month

(Signed) W. W. Bowen M.D.

Address Md. General Hosp.

Date March 19, 1908

Place of Burial St Peters

Date March 20 1908

Undertaker Harvill Dawthrop

Address 901 N North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10600 Registered No. B .....

C10600
81

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wm H. Turner

{ Residence, if in Baltimore, Give Street and Number. } 349 N. Preston St

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: March 1 1851

AGE: 47 years, 0 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Benj Turner

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Nancy Clifford

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachael Turner

(Address) 349 N Preston St.

Filed 3/20 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1908

I HEREBY CERTIFY, That I attended deceased from March 14 1908 to March 18 1908

that I last saw h[illegible] alive on March 18 1908,

and that death occurred, on the date stated above, at 10 45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Aneurism of Aorta

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date March 19 1908

Place of Burial Mt. [illegible] Cemetery

Date Mar. 22 1908

Undertaker Alex. Hensley

Address 57 E. W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10601

Ward 6 Registered No. B C10601

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 121 N. Curley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lizzie M. Carr

{Residence, if in Baltimore, Give Street and Number.} 121 N. Curley

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 23rd 1879

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER Robert M. Carr

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Jennie N. Ornig

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert M. Carr

(Address) 121 N. Curley St

Filed 3/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6th 1908 to March 18th 1908

that I last saw her alive on March 18th 1908

and that death occurred, on the date stated above, at 10.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary tuberculosis

(DURATION) 160 DAYS

Contributory (Primary) Laryngitis

Pneumonia — (DURATION) — DAYS

(Signed) C. H. Sanders M.D.

Address 2 S. Patterson Pk Ave

Date March 19th 1908

Place of Burial Mt Carmel

Date March 20 1908

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C10602 Registered No. B C10602

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 2319 Jefferson St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Wilhelmina Huettner

{Residence, if in Baltimore, Give Street and Number.} 2319 Jefferson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 18 1907

AGE ... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Henry Huettner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lugetta Hoehn

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Huettner

(Address) 2319 Jefferson St

Filed 3/21 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1908

I HEREBY CERTIFY, That I attended deceased from March 16 1908 to March 19 1908 that I last saw her alive on March 18 1908 and that death occurred, on the date stated above, at 2 30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

asphyxia

(DURATION) 1 DAYS

Contributory (Primary.) Capillary bronchitis (DURATION) 3 DAYS

(Signed) Pierre L. Dausch M.D.

Address 121 Jackson Square

Date March 19 1908

Place of Burial Baltimore Cemetery

Date March 21 1908

Undertaker Christian Miller

Address 2304 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C10603 Registered No. B C10603

CERTIFICATE OF DEATH.

(Place of Death.) No. 421 S Payson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Geo McKellop.

{Residence, if in Baltimore, Give Street and Number.} 421 S Payson

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 28 1903

AGE 4 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER James Edw McKellop

BIRTHPLACE OF FATHER (State or country) Scotland.

MAIDEN NAME OF MOTHER Annie Dahlitza

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Edw McKellop

(Address) 421 S Payson St.

Filed 3/20 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

2. P.M. Dan

Frank Mc

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19th 1908

I HEREBY CERTIFY, That I attended deceased from March 18th 1908 to Mch. 19th 1908 that I last saw h[illegible] alive on Mch. 19th 1908, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bright's Convulsions

(DURATION) 1 DAYS

Contributory (Primary) Scarlet fever

(DURATION) 2 DAYS

(Signed) Wm. Nicholas M.D.

Address 30 W. Hamilton Ave

Date March 20th 1908

Place of Burial Cathedral Cemetery

Date Mch 21 1908

Undertaker Geo W Gerber

Address 14 E Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other setting forth, as far as the same can be ascertained, the **full name, sex, age** deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C16604

Ward 6 Registered No. B C16604

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1931. E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Rooks

{ Residence, if in Baltimore, Give Street and Number. } 1931. E Biddle

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH Dec 4 1836

AGE 71 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country) Montgomery Co Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Rooks

(Address) 1931 E Biddle

Filed 8/20 1908

HARRY C. ANDREWS
PERMIT CLERK (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 18 1908

I HEREBY CERTIFY, That I attended deceased from Feb 19, 1905 to March 19 1908

that I last saw h[illegible] alive on March 18 1908,

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis of both lungs

(DURATION) 28 DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date March 19 1908

Place of Burial Dale Cemetery

Date March 21 1908

Undertaker Robt Turner

Address 1422 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C10605 Registered No. B C10605 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1909 Jefferson St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Thelma McMillan

{Residence, if in Baltimore, Give Street and Number.} 1909 Jefferson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 19th 1906

AGE: 1 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John McMillan

BIRTHPLACE OF FATHER (State or country): Atlanta Ga.

MAIDEN NAME OF MOTHER: Hattie Lowman

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie McMillan

(Address) 1909 Jefferson

Filed 3/20 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 18 — March 1908

I HEREBY CERTIFY, That I attended deceased from Mar 8 1908 to Mar 18 1908

that I last saw her alive on Mar 18 1908,

and that death occurred, on the date stated above, at 3.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Extinction

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) Walter R. Miller M.D.

Address 1101 N. Bway

Date March 19th 1908

Place of Burial Mt. Carmel Cem.

Date 3/20/08 190

Undertaker J. Herwig & Son

Address 2005 Eliana St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C10606 Registered No. B C10606

CERTIFICATE OF DEATH.

(Place of Death.) No. 1725 N. Port St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Redemann (REDEMANN)

{ Residence, if in Baltimore, Give Street and Number. } 1725 N. Port St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Dec 25th 1853
AGE	54 years, 4 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hartlove

(Address) 1725 N. Port St

Filed 3/20 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 19 1908

that I last saw h[illegible] alive on March 15 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diabetic Coma

Causing Asphyxia

Failure

(DURATION) 19 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. C. Rau M.D.

Address 2[illegible] E Baltimore

Date March 19 1908

Place of Burial Balto Conn

Date 3/22/08 1908

Undertaker J. Fleming Son

Address 1008 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C16607 Registered No. B C16607

CERTIFICATE OF DEATH. 11

(Place of Death.) No. ~~Hillsboro Hillsboro~~ 1522 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pauline Mumm

{ Residence, if in Baltimore, Give Street and Number. } 1522 Druid Hill Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Jean minor

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman St

Filed 3/20 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 18 1908

I HEREBY CERTIFY, That I attended deceased from Mch 18 1908 to Mch 18 1908 that I last saw h in alive on Mch 18 1908, and that death occurred, on the date stated above, at 9 A M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 hour DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jno E Lamb M.D.

Address 701 Park Ave

Date Mch 19 1908

Place of Burial Mt [redacted]

Date March the 20 1908

Undertaker James H Dennis

Address 1332 Presstman St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C10608 Registered No. B 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Logan

{Residence, if in Baltimore, Give Street and Number.} Aged Women Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ~ ~ 1~

AGE 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Co Derry Ireland

FULL NAME OF FATHER James Logan

BIRTHPLACE OF FATHER (State or country) County Derry Ireland

MAIDEN NAME OF MOTHER Mary Gilmor

BIRTHPLACE OF MOTHER (State or country) Kilrea Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella E Jones

(Address) Aged woman's home

Filed 3/20 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 20 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to Mch 20 1908

that I last saw h~~er~~ alive on Mch 17 1908,

and that death occurred, on the date stated above, at ~~1~~ P.M. CAUSE OF DEATH (Secondary or Immediate)

Organic Disease of Heart

Atheroma

Typo (DURATION) DAYS

Contributory (Primary.) Asthenia

2 mo (DURATION) DAYS

(Signed) E Mound M.D.

Address 739 or 749 Eutaw

Date Mch 21 1908

Place of Burial Balto Cemetery

Date March 23 1908

Undertaker Geo J Smith & Co

Address 1000 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C10609

Ward 19

C10609 Registered No. B

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1533 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martin Kemodle.

{ Residence, if in Baltimore, Give Street and Number. } 1533 W Lexington Str.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH May 20 1830

AGE 77 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Frederick Kemodle

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Martha

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Kemodle

(Address) 1533 W Lexington

Filed 3/20 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 18 1908

I HEREBY CERTIFY, That I attended deceased from Dec 23 1907 to Mar 18 1908

that I last saw him alive on Mar 18 1908

and that death occurred, on the date stated above, at 10-20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure -

Uremia

(DURATION) 5 1/2 DAYS.

Contributory (Primary) Arteriosclerosis Myocarditis

Brights Disease old age. (DURATION) Unknown DAYS.

(Signed) Geo W Mahle M.D.

Address 1903 W Baltimore Str

Date March 18th 1908

Place of Burial Greenmount

Date March 21st 1908

Undertaker Geo J Smith Co

Address 1000 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C10610

Registered No. B.....

City of Baltimore, (No. 1621, (Beale) Biddle St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm J. Dockins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: C

DATE OF BIRTH: ..... (Month) ..... (Day) 1883 (Year)

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Wm A Dockins

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Jenkins

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A Dockins

(Address) 162 Biddle St

Filed 3/20 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 10 1908 to March 19 1908

that I last saw him alive on March 18 1908,

and that death occurred, on the date stated above, at 12 00 M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Acute Tuberculosis (DURATION) 2 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Walter W Wolfe M. D.

Mar 19 1908 (Address) 1101 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Leakin Cemetery — DATE OF BURIAL: Mar 21st 1908

UNDERTAKER: Chas G Bailey — ADDRESS: 417 Gilmor St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C10611

Ward 5

C10611 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1158 Lows St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abraham Franklin

{Residence, if in Baltimore, Give Street and Number.} 1158 Lows St

Duration of Residence in Baltimore. Forty Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH 1848

AGE 60 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Abraham Franklin

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Franklin

(Address) Marley P.O. Anne Arundel Co Md

Filed 3/20 1908

HARRY O. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17th 1908

I HEREBY CERTIFY, That I attended deceased from March 17th 1908 to March 17th 1908

that I last saw him alive on March 17 1908,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from
Bright's Disease of
Organic Disease of Heart

Saw him but once (DURATION) ——— DAYS

Contributory (Primary.) ———

(DURATION) ——— DAYS

(Signed) W. Wilson M.D.

Address 1220 E. Fayette St

Date March 19th 1908

Place of Burial Woodbury Cemetery

Date Mar 20th 1908

Undertaker Chas G Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C10612 Registered No. B C10612

CERTIFICATE OF DEATH.

(Place of Death.) No. 239 N. Appleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name E. Arthur Welch

{ Residence, if in Baltimore, Give Street and Number. } 239 N Appleton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Oct. 19 1875

AGE: 32 years, 4 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Geo. W. Welch

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Carrie Mahn

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Welch

(Address) 239 N Appleton St

Filed 3/20 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18. 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to March 18 1908 that I last saw him alive on March 18 1908, and that death occurred, on the date stated above, at 11:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Extinction

(DURATION) DAYS

Contributory (Primary) Tuberculosis Pulmonalis (DURATION) DAYS

(Signed) Geo W Semmes M.D.

Address 800 Harlem Ave

Date March 19 1908

Place of Burial WESTERN CEMETERY

Date March 22 1908. 190

Undertaker George W. Little,

Address 531 N. FREMONT AVE.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10613

Ward 5 Registered No. B C10613

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 208 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Mrs. Otto Turek

{Residence, if in Baltimore, Give Street and Number.} 208 Chestnut St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 20 1908

AGE one hour
.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Otto Turek

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Brundel Papiel

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. G. Freedom M.D.

(Address) 918 E Fayette

Filed 3/20 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1908

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to March 20 1908

that I last saw her alive on 20 1908,

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

life (DURATION) DAYS

Contributory (Primary.) unknown

— (DURATION) DAYS

(Signed) A. G. Freedom M.D.

Address 918 E Fayette

Date March 26 1908

Place of Burial Hebrew Rondale Cemetery

Date March 20, 1908

Undertaker Max Feinman

Address 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 City - C10614 Registered No. B C10614

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Baby Trottner

{ Residence, if in Baltimore, Give Street and Number. } 403 Asquith St.

Duration of Residence in Baltimore. 7 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 13 - 1908

AGE — years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto -

FULL NAME OF FATHER Samuel Trottner

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sadie Rosen

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Hyman

(Address) 403 Asquith st

Filed 3/20 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 - 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 13 1908 to Mar. 20 1908 that I last saw h[illegible] alive on Mar. 19 1908, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.) Premature Birth 7½ Mo. - (DURATION) DAYS

(Signed) W O Pauli M.D.

Address Johns Hopkins Hosp.

Date March 20 1908

Place of Burial Hebrew Rondale Cemetery

Date Mar. 20, 1908

Undertaker May Lennon

Address 1620 N. Eden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C10615

Ward 19 C10615 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 343 S. Broadway St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Carolina Russa

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. 23 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 1208 N. Fremont St

Filed March 20 "8

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 18th 1908

I HEREBY CERTIFY, That I attended deceased from 3.17 1908 to 3.18 1908

that I last saw her alive on 3.17 1908

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure from Nephritis

(DURATION) ... DAYS

Con'ributory (Primary.)

(DURATION) ... DAYS

(Signed) J. D. Ebert M.D.

Address 111 N. Lanvale

Date 3.18 1908

Place of Burial Loudon Park

Date Mar 21st 1908

Undertaker John Fields

Address 1208 N Fremont St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C10616 Registered No. B C10616

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. H. Smith

{Residence, if in Baltimore, Give Street and Number.} 1306 N. Franklin St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 1864

AGE: 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): U.S.

FULL NAME OF FATHER: William Smith

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Charity Brown

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Dower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Charity Smith

(Address) Chase Station Md.

Filed March 20 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 27 1908 to March 19 1908

that I last saw h[illegible] alive on March 19 1908;

and that death occurred, on the date stated above, at 8:15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Anaemia

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Cirrhosis of stomach (DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date 3/19 1908

Place of Burial Western Cemetery

Date March 21 1908

Undertaker H Maurice Routson

Address 231 N Green St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C10617 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 928 N Gilmore St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hoffmeister

{ Residence, if in Baltimore, Give Street and Number. } 928 N Gilmore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH June 20 1838

AGE 68 years, 8 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER William Hoffmeister

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Invalid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H Hoffmeister

(Address) 928 N Gilmore St

Filed March 20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 1907 to March 18th 1908, that I last saw him alive on March 18th 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure 1

24 hours (DURATION) DAYS

Contributory (Primary.) Pernicious Anaemia (Idiopathic) (DURATION) Several years

(Signed) J Mortimer Hayes M.D.

Address 901 N. Stricker St.

Date March 19th 1908

Place of Burial Baltimore Cemetery

Date March 22 1908

Undertaker W Maurice Routson

Address 231 N Green St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C10618 Registered No. B C10618

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thelma Hull

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W

DATE OF BIRTH December 26 1907

AGE ..... years, 2 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Asylum

(Address)

Filed March 20" 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 17 1908

that I last saw her alive on " " 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. S. Finlen M.D.

Address 96. Biddle st.

Date March 19th 1908

Place of Burial Mount Cathedral

Date March 20 1908

Undertaker Martin Gahey & Son

Address 656 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C10619 Registered No. B C10619

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Kastner

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infancy

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Feb. 16 1908

AGE ..... years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy

(Address)

Filed March 20 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 19 1908 that I last saw her alive on " 1908 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Finlay M.D.

Address 96. Battle St

Date March 19 1908

Place of Burial New Cathedral

Date March 20 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C10620

Ward 14 C10620 Registered No. B 15

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas MacGuire

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W

DATE OF BIRTH Feb 28 1907

AGE ..... years, 27 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed March 20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 18 1908 that I last saw h sin alive on " " 1908 and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) J S Fowler M.D.

Address 96 Saratoga St.

Date March 19 1908

Place of Burial New Cathedral

Date March 20 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 27 C10621 Registered No. B

CERTIFICATE OF DEATH.

C10621
118

(Place of Death.) No. ~~810 Plum alley~~ Providence Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary F Willis

{Residence, if in Baltimore, Give Street and Number.} 810 Plum alley

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Femeal | COLOR col

DATE OF BIRTH ..... 1 .....

AGE 36 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Sing

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thomas Willis

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Susie Black

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Anne Blake

(Address) 810 Plum ale

Filed March 20 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Mary F Willis~~ March 18 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 18 1908 that I last saw h er alive on March 18 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis.

Appendicitis

Uterine Hemorrhage

(DURATION) 18 DAYS

Contributory (Primary.) Septicaemia

(DURATION) 18 DAYS

(Signed) D. N. Finan M.D.

Address 712 S. Sharp, Balt

Date March 19th 1908

Place of Burial Mt auburn cemetery

Date March 21 1908

Undertaker Colin H Jordan

Address 1142 W Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 C10622 Registered No. B C10622 167

CERTIFICATE OF DEATH.

(Place of Death.) No. Home for Incurables, Forrest St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Murray.

{ Residence, if in Baltimore, Give Street and Number. } 1027 Vincent St

Duration of Residence in Baltimore. Ten years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Thomas H. Murry

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Laura Byrne

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas H. Murry

(Address) 1530 Wilmington Ave

Filed March 20th 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 19th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate

Stroke and exhaustion from home

(DURATION) 4 DAY

Contributory (Primary.) accident

(DURATION) DAY

(Signed) Silas Baldwin M.D.

Address 700 Log. Ave. (Brooklyn)

Date Mar. 19th 1908

Place of Burial Point Isabel Talbot Co. Md.

Date March 20, 1908

Undertaker John H. Toadvine

Address 142 Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it fur ther enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C10623
92

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. Balto City Hospital St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Grace Feury.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar (Month) 4 (Day) 1908 (Year)

AGE ..... years, ... months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Jno O. Feury

BIRTHPLACE OF FATHER (State or country) Phila.

MAIDEN NAME OF MOTHER Margaret Mueller

BIRTHPLACE OF MOTHER (State or country) Camden N. J.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Margaret Feury

(Address) 1329 N. Luzerne st

Filed March 21 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 4 1908 to Mar 20 1908 that I last saw her alive on Mar 20 1908, and that death occurred, on the date stated above, at 8 30 A. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) H. H. Eaken M. D.

Mar 20 1908 (Address) Balto City Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Camden N. Jersey | DATE OF BURIAL: March 21 1908

UNDERTAKER: Jos. J. Kerr | ADDRESS: 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

Ward 11 C10621 Registered No. B C10524

130

CERTIFICATE OF DEATH.

(Place of Death.) No. Bath City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Roberta Evans

{Residence, if in Baltimore, Give Street and Number.} 839 Hamilton Terrace.

Duration of Residence in Baltimore. 16 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: Nov: 1859.

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Havre de Grace Md.

FULL NAME OF FATHER: Dr. John Evans.

BIRTHPLACE OF FATHER (State or country): Cecil Co Md.

MAIDEN NAME OF MOTHER: Rebecca W. Sappington

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: Stenograph

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Evans

(Address) Bel Air Md.

Filed 3/24 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 21 1908

I HEREBY CERTIFY, That I attended deceased from March 15 1908 to March 21 1908

that I last saw h alive on March 21 1908,

and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Acute Lobar Pneumonia

(DURATION) — DAYS

Contributory (Primary) Exhaustion

(DURATION) 2 DAYS

(Signed) [illegible] M.D.

Address Bath City Hospital

Date March 21 1908

Place of Burial Bel Air Md.

Date March 21 1908

Undertaker E. M. Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 C10625 Registered No. B C10625

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bridget Fitzpatrick

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W.

DATE OF BIRTH: 1838

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Thomas Holloran

BIRTHPLACE OF FATHER (State or country): I.

MAIDEN NAME OF MOTHER: Nora Ryan

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mcary

(Address) Preston & Valley sts

Filed 3/21 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 20th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h Sr alive on Mch 18 190 8, and that death occurred, on the date stated above, at 3.15 p.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Debility of age

3 months in bed (DURATION) DAYS

(Signed) F. A. Wrenn M.D.

Address 1123 Valley st

Date March 20 1908

Place of Burial Holy Cross

Date Mch 21st 1908

Undertaker Henry C Wiedefield

Address 924 Greenmount ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C10626 Registered No. B C10626

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1522 N Spring St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gertrude Wilson

{ Residence, if in Baltimore, Give Street and Number. } 1522 N Spring St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Mar 19 1908

AGE: — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): MD

FULL NAME OF FATHER: Wm Wilson

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Janet Wilson

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Wilson

(Address)

Filed 3/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1908

I HEREBY CERTIFY, That I attended deceased from Mar 19 1908 to Mar 20 1908 that I last saw h er alive on Mar 19 1908, and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Con'tributory (Primary) Feebleness at birth

(DURATION) DAYS

(Signed) Walter B. White M.D.

Address 1101 N. Broadway

Date March 20 1908

Place of Burial Edmondson

Date March 21 1908

Undertaker Robt J Young

Address #1442 N Bdway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C10627 Registered No. B C10627

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 118 W. York St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Warner Miller

{Residence, if in Baltimore, Give Street and Number.} 118 W. York St -

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE ~~years~~ 15 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt-

FULL NAME OF FATHER Warner Miller

BIRTHPLACE OF FATHER (State or country) Balt-

MAIDEN NAME OF MOTHER Emma Miller

BIRTHPLACE OF MOTHER (State or country) Balt-

OCCUPATION OF DECEASED Iron

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Warner Miller

(Address) 118 W York St

Filed 3/21 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19. 1908

I HEREBY CERTIFY, That I attended deceased from Mch 15 1908 to Mch 19 1908.

that I last saw him alive on Mch 19 1908 -,

and that death occurred, on the date stated above, at 1.00

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. Edw. Smith M.D.

Address 528 Hanover St.

Date 3/20/08

Place of Burial Mt Auburn Cem

Date March 21 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C10628 Registered No. B C10628

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1300 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. H. Hall

{Residence, if in Baltimore, Give Street and Number.} 1300 Division St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: C

DATE OF BIRTH: 1

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hall wife

(Address) 1300 Division

Filed 3/21 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19th 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

... M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Six mos. (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Silas Baldwin M.D.

Address 710 Laf. Av. (Corner)

Date Mar. 19th 1908

Place of Burial Laurel Cem

Date Mch 22 1908

Undertaker R. A. Elliott

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 C10629 Registered No. B C10629

CERTIFICATE OF DEATH. 93

(Place of Death.) No. Balto City Hospitals St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Robert Taylor.

{Residence, if in Baltimore, Give Street and Number.} 320 E 20th St

Duration of Residence in Baltimore. 11 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B.

DATE OF BIRTH 1

AGE 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Stableman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Atty Trust

(Address) 320 E. 20th St

Filed 3/21 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 19 1908

I HEREBY CERTIFY, That I attended deceased from Mch 15 1908 to Mch 19 1908 that I last saw h— alive on Mch 19 1908; and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) N N Barker M.D.

Address Balto City Hospitals

Date Mch 19 1908

Place of Burial Laurel Cem

Date Mch 21 1908

Undertaker R. A. Elliott

Address 506 Druid Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C10630 Registered No. B C10630

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 324 S. Central ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frederick X Xylander

{ Residence, if in Baltimore, Give Street and Number. } 324 S. Central ave.

Duration of Residence in Baltimore. Life - time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH ....1....

AGE 27 years, 8 months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Chas. G. Xylander.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Anna B. Schuh

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Helper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas G. Xylander.

(Address) 324. S. Central Ave.

Filed 3/21 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 19th 1908

I HEREBY CERTIFY, That I attended deceased from May 1903 to Mch 19th 1908 that I last saw h em alive on Mch 19th 1908, and that death occurred, on the date stated above, at 4.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis about 1900 (DURATION) DAYS

(Signed) Geo. B. Reynolds M.D.

Address 809 N Chester

Date 190

Place of Burial Schwan's Lane

Date March 22d 1908

Undertaker Wendell Hiffel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C10631 Registered No. B C10631

CERTIFICATE OF DEATH.

166

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Lambrosio

{ Residence, if in Baltimore, Give Street and Number. } Balto Co. 908. 2nd St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 6 years, X months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Carmano Lambrosio

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Rosa

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carmano Lambrosio

(Address) 908 2nd St.

Filed 3/21 190 8 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 19 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 630

I. CAUSE OF DEATH (Secondary or Immediate)

Pistol shot wound of heads

(acc)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carullo M.D.

Address Corner Md.

Date Mar 20-08 190

Place of Burial Holy Rosary Cem.

Date Mar 22 190 8

Undertaker Trudell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., Baltimore.

Accidentally by pistol while playing "robbers" - ass

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10632

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C10632

Registered No. B .....

City of Baltimore, (No. 113 , Eldner Place St.; ..... Ward): [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lawrence Gross

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Jan (Month) 25 (Day) 1908 (Year)

AGE ..... years, 1 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Gross

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Sarah Martin

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Gross.

(Address) ~~1223~~ 113 Eldner Place

Filed 3/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 21 1908 to March 20 1908 that I last saw him alive on Mar 16 1908, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 1 DAYS

Contributory Bronchio-pneumonia

(DURATION) 30 DAYS

(Signed) Emma N. Bimar M. D.

Mar. 20 1908 (Address) 1223 E. Chase

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	March 23 1908
UNDERTAKER	ADDRESS
H. L. Barnes Sr.	1511 Mulberry

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C10633 Registered No. B ..... 1 ....

CERTIFICATE OF DEATH. C10633

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Collins

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/21 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 19 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 19 1907 to March 19 1908 that I last saw h[illegible] alive on March 9 1908, and that death occurred, on the date stated above, at 9 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis. (DURATION) ..... DAYS

(Signed) Robt F. Ray M.D.

Address Bay View

Date March 19 1908

Place of Burial Arsonia, Conn.

Date March 21" 1908

Undertaker Chas H. Evans

Address 118 1170 W. Mt. Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C10634 Registered No. B C10634

CERTIFICATE OF DEATH.

(Place of Death.) No. 532 W Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur Thomas

{Residence, if in Baltimore, Give Street and Number.} 532 W Preston St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR African-Am

DATE OF BIRTH 1864 1

AGE 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rhinedder Thomas

(Address) 421 Barrie St. W.

Filed 3/21 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3/20 1908.

I HEREBY CERTIFY, That I attended deceased from 3/19 1908 to 3/20 1908 that I last saw h alive on 3/19 1908, and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Congestion of the Lungs (DURATION) 2 DAYS

Contributory (Primary.) Alcoholism

~~Some~~ months (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave

Date 3/21/'08. 190

Place of Burial Mt Auburn Cemetery

Date March 23d, 1908

Undertaker J. C. Burk

Address 1117 Druid Pk

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — Registered No. B C10635

C10635

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 725 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrew Cummings

{ Residence, if in Baltimore, Give Street and Number. } 725 E. Chase St

Duration of Residence in Baltimore. 3 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 7th 1905

AGE: 2 years, 7 months, 13 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Harford Co Md

FULL NAME OF FATHER: Hugh J. Cummings

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret Hushon

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 725 E. Chase St

Filed 3/21 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 20 1908

I HEREBY CERTIFY, That I attended deceased from March 11 1908 to March 20 1908

that I last saw h— alive on March 20 1908

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) [illegible] DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James M Pennington M.D.

Address 700 E Chase St

Date March 20 1908

Place of Burial By removal to Harford Co Md

Date March 22 — 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C16636 Registered No. B C16636

CERTIFICATE OF DEATH. 99

(Place of Death.) No. 426 N Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lewis Stassfort

{ Residence, if in Baltimore, Give Street and Number. } 426 N Carey St

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feby 12th 1846

AGE 62 years, 1 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Lewis Stassfort

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Sophia Eibrs

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Kuntz

(Address)

Filed 3/21 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1908

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to March 20 1908

that I last saw him alive on March 20 1908, and that death occurred, on the date stated above, at 3 45 P M.

CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation of the heart

(DURATION) 1 DAYS

Contributory (Primary.) Acute indigestion

(DURATION) 1 DAYS

(Signed) H. W. Stevenson M.D.

Address 431 North Carey St.

Date 3/20/ 1908

Place of Burial London Park Cemetery

Date March 23d 1908

Undertaker Stewart & Mowen Co.

Address 210-212 Park ave

WM. J. C. DULANY CO., BALTIMORE.

H W Stevenson N Carey st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C10637 Registered No. B C10637

56

CERTIFICATE OF DEATH.

(Place of Death.) No. 3203 West North avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie B. Waltz

{Residence, if in Baltimore, Give Street and Number.} 3203 West North avenue

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH January 20th 1863

AGE 45 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) near Springfield Ohio

FULL NAME OF FATHER Joshua R Monroe

BIRTHPLACE OF FATHER (State or country) Zanesville Ohio

MAIDEN NAME OF MOTHER Sarah Ellen Umbenhauer

BIRTHPLACE OF MOTHER (State or country) Zanesville Ohio

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Waltz

(Address) 3203 W. Northave

Filed 3/21 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 20th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 29 1908 to Mch 20 1908 that I last saw her alive on Mch 20 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Serous Meningitis

2 weeks (DURATION) DAYS

Contributory (Primary.) Alcoholism

(DURATION) DAYS

(Signed) John F Mangan M.D.

Address 1002 Edmondson ave

Date 190

Place of Burial Lorraine Cemetery

Date March 23rd 1908

Undertaker Stuart Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH

Ward 1

C10638

Registered No. B C10638

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 619 N. Castle St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thelma M. Snyder

{ Residence, if in Baltimore, Give Street and Number. } 619 N. Castle St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar 7th 1908

AGE — years, — months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm F. Snyder

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Martha L. Greenwald.

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Martha L. Snyder

(Address) 619 N. Castle

Filed 3/21 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1908

I HEREBY CERTIFY, That I attended deceased from March 7 1908 to March 19 1908

that I last saw h[illegible] alive on March 19 1908,

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ectamin

(DURATION) 2 DAYS

Contributory (Primary.) Malnutrition

(DURATION) 10 DAYS

(Signed) A. G. Rythia M.D.

Address 2204 E. Monument St

Date 3/20/08

Place of Burial Mt. Calvert Cem.

Date 3/21/08

Undertaker J. Herring & Son

Address 1608 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C10639

C10639

Ward 19 Registered No. B 16

CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Sarah McMullen

{ Residence, if in Baltimore, Give Street and Number. } Aged Women's Home

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR W't

DATE OF BIRTH Unknown 1

AGE 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) County Down Ireland.

FULL NAME OF FATHER John McMullen

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Jane McChesney

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella J. Jones Matron

(Address) Home

Filed 3/21 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1908

I HEREBY CERTIFY, That I attended deceased from March 10 1908 to March 20 1908 that I last saw her alive on March 19 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Enteritis

(Atheroma)

(DURATION) 10 DAYS

Contributory (Primary.) Asthenia (DURATION) 4 DAYS

(Signed) V. L. Norwood M.D.

Address 839 W Fayette

Date March 20 1908

Place of Burial Bulle County

Date March 21 1908

Undertaker Geo. J. Smith & Co.

Address 1000 Cor. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C10640 Registered No. B C10640

CERTIFICATE OF DEATH.

(Place of Death.) No. 938 N Caloert St (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Richard Towns. Son

{Residence, if in Baltimore, Give Street and Number.} 938. N. Caloert Street.

Duration of Residence in Baltimore. 40 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: October 2nd 1839

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Norfolk. Virginia

FULL NAME OF FATHER: Charles Henry Poor.

BIRTHPLACE OF FATHER (State or country): Salem. Massachusetts

MAIDEN NAME OF MOTHER: Martha Lindsay Starke

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sally M. Poor.

(Address) 938 N. Caloert Street.

Filed 3/21 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 20th 1908

I HEREBY CERTIFY, That I attended deceased from The 7th 1900 to March 20th 1908 that I last saw h alive on March 20th 1908, and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Myocarditis

Senile Marasmus (DURATION) ..... DAYS

Contributory (Primary.) Angina

Sclerosis (DURATION) ..... DAYS

(Signed) C B Gambrill M.D.

Address 20 W Biddle St

Date March 21st 1908

Place of Burial Richmond Va

Date March 23rd 1908

Undertaker Henry Hopkins Sons Co

Address 800 N. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) deceased, and the **cause and date of death.**

Ward 4 C10641 Registered No. B C10641

CERTIFICATE OF DEATH. 39

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas McGuire

{Residence, if in Baltimore, Give Street and Number.} Piedmont W Va.

Duration of Residence in Baltimore. 17 days —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: —

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick McGuire

(Address) Piedmont West Va.

Filed 3/21 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 21 1908

I HEREBY CERTIFY, That I attended deceased from Mch 10 1908 to Mch 21 1908 that I last saw h— alive on Mch 21 1908, and that death occurred, on the date stated above, at 8 45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer Stomach —

(DURATION) — DAYS

Contributory (Primary.) Spinal Epilepsy

(DURATION) — DAYS

(Signed) W W Eshe M.D.

Address Balto City Hospl

Date Mch 21 1908

Place of Burial Piedmont, West Va.

Date March 21 1908

Undertaker Henry W. Meade and Son

Address 805 W. Calvert Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

Ward 18 C10642 Registered No. B C10642

CERTIFICATE OF DEATH.

(Place of Death.) No. Balt City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Machen.

{ Residence, if in Baltimore, Give Street and Number. } 309 McCulloh.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH Aug 29 1879

AGE 28 years, 6 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Oliver M. Machen

BIRTHPLACE OF FATHER (State or country) Cuba

MAIDEN NAME OF MOTHER Emma Morris

BIRTHPLACE OF MOTHER (State or country) Cuba

OCCUPATION OF DECEASED Soldier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Linde

(Address) 531 S. Fremont Ave

Filed 3/21 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 20 1908

I HEREBY CERTIFY, That I attended deceased from Mch 4 1908 to Mch 20 1908 that I last saw h. alive on Mch 20 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Central Hemorrhage

Secondary to Chronic Interstitial Nephritis.

(DURATION) 16 DAYS

Contributory (Primary.) Epilepsy.

(DURATION) 3 DAYS

(Signed) W. H. Welsh M.D.

Address Balto City Hosp.

Date Mch 21 1908

Place of Burial Dulys. Cem.

Date March 23 1908

Undertaker Geo. H. Linde & Co.

Address 531 S. Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C10643 Registered No. B C10643

CERTIFICATE OF DEATH.

(Place of Death.) No. 921 N Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John William Ermie

{Residence, if in Baltimore, Give Street and Number.} 921 N Castle St

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept 18th 1885
AGE	22 years, 6 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	England
FULL NAME OF FATHER	John Ermie
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Catharine Murphy
BIRTHPLACE OF MOTHER (State or country)	England
OCCUPATION OF DECEASED	Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine Ermie

(Address) 921 N Castle St

Filed 3/21 1908 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 19 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15 1908 to March 19 1908

that I last saw h living alive on March 15 1908

and that death occurred, on the date stated above, at 8 50 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

abut 1 year
(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Gichard M.D.

Address 1811 E Balto St.

Date March 21 1908

Place of Burial Holy Redeemer

Date March 23 1908

Undertaker Wm F Schaeffer

Address S. W. S. Front St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C10644 Registered No. B C10644

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Park Heights and Kate Avenues St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name William Henderson Hart.

{Residence, if in Baltimore, Give Street and Number.} Park Heights and Kate Avenues

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Hart

(Address) Park Heights & Kate Ave

Filed March 21" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch. 20 1908

I HEREBY CERTIFY, That I attended deceased from Mch 19 1908 to Mch 20 1908 that I last saw him alive on Mch 20 1908 and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) DAYS

Contributory (Primary.) 5-10 Months

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date Mch. 21. 1908.

Place of Burial Mt. Auburn

Date Mar. 23" 1908

Undertaker Alex. Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th C10645 Registered No. B C10645

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 25 Lloyd St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harris Hirsovitz

{ Residence, if in Baltimore, Give Street and Number. } 25 Lloyd St

Duration of Residence in Baltimore. 17 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Mail | COLOR white

DATE OF BIRTH 1

AGE 79 years, — months — days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Joe Hirsvitz

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Liba

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Hirsowitz

(Address) 25 Lloyd St

Filed 3/22 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 21st. 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 21 1908 to Mar. 21st 1908

that I last saw h— alive on Mar 21st 1908.

and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate.)

Acdage

(DURATION) DAYS

Con ributory (Primary.) —

(DURATION) DAYS

(Signed) A. F. Rios M.D.

Address 213 S. Broadway

Date Mar 21st. 1908

Place of Burial Hebrew Henry Thm Emily

Date Mar. 23 1908

Undertaker Mayerson

Address 1620 N. Eden ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF

Ward 4 C10646 Registered No. B C10646

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 700 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Purcettas,

{Residence, if in Baltimore, Give Street and Number.} 700 W. Lombard St.

Duration of Residence in Baltimore, Unknown.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 17 1880

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Meirhual Purcettas

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brukeleur

(Address) 700 W Lombard St

Filed 3/22 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1908 to Mar. 20, 1908 that I last saw him alive on Mar. 18, 1908 and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

1. Pulmonary Tuberculosis

(DURATION) Chronic

Contributory (Primary.) Intemperance (DURATION) Chronic

(Signed) Albert J Chambers, M.D.

Address 614 S. Paca St

Date March 20, 1908

Place of Burial Loudon Park

Date March 22 1908

Undertaker H S Frank

Address 213 N Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

11

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10647

City of Baltimore, (No. 522, N. Madeira St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. Dennis

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Black
DATE OF BIRTH (Month) (Day) (Year)	1856
AGE	52 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	William Dennis
BIRTHPLACE OF FATHER (State or country)	Maryland.
MAIDEN NAME OF MOTHER	———
BIRTHPLACE OF MOTHER (State or country)	———
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Dennis

(Address) 522 N. Madeira

Filed 3/22 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 17 1908 to March 20 1908 that I last saw him alive on March 19 1908, and that death occurred, on the date stated above, at 10.30 A. M. The CAUSE OF DEATH was as follows:

Aortic Regurgitation (DURATION) 14 DAYS

Contributory Exhaustion (DURATION) 2 DAYS

(Signed) Samuel J. Hung M. D.

3-20 1908 (Address) 2309 E Fairmount

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Asbury	March 22 1908
UNDERTAKER	ADDRESS
R. A. Elliott	506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

Ward 1 Registered No. B C10648

CERTIFICATE OF DEATH.

(Place of Death.) No. 2035 E. Eager St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Henry Stiss

{Residence, if in Baltimore, Give Street and Number.} 2035 E Eager St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Feby 7 1852

AGE 56 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Wm H Stiss.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Margaret Childs

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Electrical Manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs M Cleckner

(Address) 770 Park Heights Ave

Filed 3/21 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 19 — 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 9 55 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Brights Disease

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Jno H Carmichael M.D.

Address Corner Md.

Date Mar 20 — 08 1908

Place of Burial Greenmount

Date Mar 22 1908

Undertaker Robt Timmons

Address 1772 E. Eager.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 10 C10549 Registered No. B C10649

CERTIFICATE OF DEATH.

(Place of Death.) No. 1228 E. Eager St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Henry Zerbussen

{ Residence, if in Baltimore, Give Street and Number. } do 1228 E. Eager St.

Duration of Residence in Baltimore. 41 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: October 15th 1840

AGE: 67 years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Frank N. Zerbussen

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine E. Hillenberg

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cigar maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Zerbussen

(Address) 1228 E. Eager St.

Filed 3/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1908

I HEREBY CERTIFY, That I attended deceased from March 15 1908 to March 20 1908 that I last saw him alive on March 20 1908, and that death occurred, on the date stated above, at 2.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Senile Bronchitis

(DURATION) 6 DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Peter G. Dausel M.D.

Address 121, Jackson Square

Date March 21 1908

Place of Burial Holy Redeemer Cemetery

Date March 24 1908

Undertaker Henry Hook Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C10650 Registered No. B C10650

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1507 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Molz

{Residence, if in Baltimore, Give Street and Number.} 1507 Aisquith-

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Mar 20 1908

AGE 9 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Otto Molz

BIRTHPLACE OF FATHER (State or country) Bavaria

MAIDEN NAME OF MOTHER Christina Henninger

BIRTHPLACE OF MOTHER (State or country) Bavaria

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Molz

(Address) 1507 Aisquith St.

Filed 3/22 1908

Registrar HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1908

I HEREBY CERTIFY, That I attended deceased from May 1907 to Mar 20 1908

that I last saw her alive on Mar 19 1908, 12 30

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

one year; (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. J. Kirby M.D.

Address 110 E North Ave

Date March 21 1908

Place of Burial Holy Redeemer Cemetery

Date March 23 1908

Undertaker Henry Horn & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTM...

Ward 7 — C10651 — Registered No. B C10651

CERTIFICATE OF DEATH.

(Place of Death.) No. 1016 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm H. Hamilton

{Residence, if in Baltimore, Give Street and Number.} 1016 N. Durham St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: colored

DATE OF BIRTH: 1

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Stewart Hamilton

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Hamilton

(Address) 1016 N. Durham St

Filed March 8 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 — 1908

I HEREBY CERTIFY, That I attended deceased from Feb 12 — 1907 to March 18 — 1908 that I last saw him alive on March 18 — 1908, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

about 1 mo (DURATION) ..... DAYS

Contributory (Primary.) Phthisis Pulmonalis about 13 mos (DURATION) ..... DAYS

(Signed) W J Harris M.D.

Address 1344 Druid Hill Ave

Date March 21 — 1908

Place of Burial Laurel

Date Mar 22 nd 1908

Undertaker Mr J. G. Jackson

Address 420 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

C10652

Ward 24 — Registered No. B C10652

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1465 Towson St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Oliver C. Ford

{Residence, if in Baltimore, Give Street and Number.} 1465 Towson St

Duration of Residence in Baltimore 28 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 26th 1863

AGE: 45 years, - months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Denmark

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Denmark

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Denmark

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Ford

(Address) 1465 Towson St

Filed Mar 23 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20th 1908

I HEREBY CERTIFY, That I attended deceased from March 13th 1908 to March 20th 1908

that I last saw him alive on March 20th 1908

and that death occurred, on the date stated above, at 11.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia (DURATION) 7 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) J. Kahn M.D.

Address 1510 E. Fort ave

Date March 21st 1908

Place of Burial Mount Carmel

Date March 23 1908

Undertaker Jos. Hunteloke

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPA

Ward 13 C10653 Registered No. B C10653

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John W. Watts

{Residence, if in Baltimore, Give Street and Number.} 716 Reservoir st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Feby 13 1837

AGE: 71 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Balto. Co. Md.

FULL NAME OF FATHER: Benj. Watts

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Rachel Wagner

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Brick Layer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sewell S. Watts

(Address) 716 Reservoir St

Filed March 8 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1908

I HEREBY CERTIFY, That I attended deceased from 3/9 1908 to 3/21 1908 that I last saw him alive on 3/21 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Renal Coma

(DURATION) DAYS

Contributory (Primary.) Chronic Nephritis + Myocarditis (DURATION) DAYS

(Signed) J. H. Legg M.D.

Address University Hospital

Date March 21 1908

Place of Burial Druid Ridge

Date March 22 1908

Undertaker E. M. Mitchell

Address 1201 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of [illegible]

Ward ..... C10654 Registered No. C10654

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Feeney

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Mar 22 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 25 1905 to March 20 1908 that I last saw h[illegible] alive on March 20 1908 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) .....

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) .....

(Signed) Robt. P. Bay, M.D.

Address Bay View

Date March 20 1908

Place of Burial Sacred Heart

Date Mch 22 1908

Undertaker Chas H. Evans

Address 118 & 120 W. Mt. Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C10655 — Registered No. B C10655

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 118 S High St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Langan

{Residence, if in Baltimore, Give Street and Number.} 118 S High St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 17 1888

AGE 19 years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jas. T. Langan

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Jennie Feeney

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Jennie Langan

(Address) 118 S. High St.

Filed Mar 22 1908 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1908

I HEREBY CERTIFY, That I attended deceased from March 11 1908 to March 21 1908

that I last saw h— alive on March 21 1908,

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate)

acute Meningitis

DURATION) 11 DAYS

Con ributory (Primary)

(DURATION) DAYS

(Signed) J. Wilson Miller M.D.

Address 16 W Biddle

Date March 21 1908

Place of Burial Cathedral Cemetery

Date March 23" 1908

Undertaker Chas. F. Evans

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward 14

Registered No. B C10656

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John E McKeighan

{Residence, if in Baltimore, Give Street and Number.} St Louis Mo

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Mo

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. F. Walls

(Address) St Louis Mo

Filed Mar 8 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1908

I HEREBY CERTIFY, That I attended deceased from March 8 1908 to March 21 1908

that I last saw h alive on March 21 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Hydro-nephrosis

(DURATION) DAYS

(Signed) W. S. Gatch M.D.

Address Johns Hopkins Hospital

Date March 21 1908

Place of Burial St Louis, Mo

Date MAR 22 1908 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C10657 Registered No. B C10657

13

CERTIFICATE OF DEATH.

(Place of Death.) No. 1726 Canton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Apolonia Merski

{Residence, if in Baltimore, Give Street and Number.} 1726 Canton Ave.

Duration of Residence in Baltimore. 7 month

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: White

DATE OF BIRTH: Sept. 6 1907

AGE: ..... years, 7 months, 14 days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~: Singl e

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Bronislaw Merski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Felicia Koziekowska

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Br. Merski

(Address) 1726 Canton Ave

Filed Mar 22 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 21 March 1908

I HEREBY CERTIFY, That I attended deceased from 19 March 1908 to 21 March 1908 that I last saw h er alive on 21 March 1908 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

?

(DURATION) 8 DAYS

Con tributory (Primary.)

(DURATION) 8 DAYS

(Signed) Dr. Joseph Krzanowski M.D.

Address 578 S. Broadway

Date 21 March 1908

Place of Burial Holy Rosary

Date March 25 1908

Undertaker William Trakowski

Address 428 S Bond Str

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C10658

Ward .....

Registered No. B C10658

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1214 Hare St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Andrew Socki

{Residence, if in Baltimore, Give Street and Number.} 1214 S. Hare st

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 56 years, ' months, ' days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Dont Know.

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Socki.

(Address) 1214 S. Hare St

Filed March 10 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20th 1908

I HEREBY CERTIFY, That I attended deceased from March 10th 1908 to March 20th 1908

that I last saw h.. alive on March 20th 1908,

and that death occurred, on the date stated above, at 3

M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary.) Carcinoma

Liver

(DURATION) DAYS

(Signed) C. W. Athey M.D.

Address 2 Madison St

Date March 20th 1908

Place of Burial Holy Rosary.

Date MAR 23 1908 190..

Undertaker M. F. SADOWSKI

Address 703 S. Ann St.

BALTIMORE, MD.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V C10659 Registered No. B C10659

CERTIFICATE OF DEATH. 137

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Bronislaus Paulina Janiski

{Residence, if in Baltimore, Give Street and Number.} 1925 Aliceanna St

Duration of Residence in Baltimore. 9 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 41 years, 10 months, . . days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Austria.

FULL NAME OF FATHER: Chas. Wosocki.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Mary Penconska.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Janiszki.

(Address) 1925 Aliceanna St

Filed Mar 22 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1908

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to March 20 1908

that I last saw h[illegible] alive on March 20 1908

and that death occurred, on the date stated above, at 11 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 D

Contributory (Primary) Pneumonia

and Confluent Infection (DURATION) 5 D

(Signed) [illegible]

Address St Joseph Hosp.

Date March 21 1908

Place of Burial Holy Rosary.

Date MAR 23 1908

Undertaker M. F. SADOWSKI

Address 708 S. Ann St.

BALTIMORE, MD.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and condition** (whether married or single) of the person [illegible] and the **cause and date of death.**

GENERAL AFFIDAVIT.

C 10659

State of Maryland, Baltimore City, to wit:

BE IT REMEMBERED, That this 1st day of April A. D. 1908, before me, the subscriber a Justice of the Peace of the said State, in and for the City aforesaid, personally appeared J. J. O'Connor M. D.

and made oath in due form of law that in making out the Certificate of death that the husbands name Pauka Janikey, was omitted in subscribing in mistake the name that should be there should be Bronislawa Janikey, who was his wife and the one who died

J. J. O'Connor M.D.

Subscribed and sworn to April 1st 1908

Odenwald Emory J. P.

C-10660
thru
C-10667
missing

Ward 10 C10668 Registered No. B C1066

CERTIFICATE OF DEATH. 157

(Place of Death.) No. 152 N. Kenwood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leo August Prodoehl

{Residence, if in Baltimore, Give Street and Number.} 152 N. Kenwood Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 21st 1908

AGE: — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Henry E. Prodoehl

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sallie Coleman

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry E. Prodoehl

(Address) 152 N. Kenwood

Filed 3/23 1908

HARRY C. ANDR[illegible] Deputy
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22nd 1908

I HEREBY CERTIFY, That I attended deceased from March 18th 1908 to March 22nd 1908

that I last saw h[illegible] alive on March 22nd 1908

and that death occurred, on the date stated above, at [illegible]

a. m. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) DAY

Contributory (Primary.)

(DURATION) DAY

(Signed) [illegible]

Address 1823 E. Baltimore

Date March 22nd 1908

Place of Burial New Cathedral Cem

Date March 23rd 1908

Undertaker Germanus Tearce

Address Bank & Wolfe sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

C10669 Registered No. B C10669

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1119 Penna Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ringold France

{Residence, if in Baltimore, Give Street and Number.} 1119 Penna Ave

Duration of Residence in Baltimore. Ringold France

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH June 20 1847

AGE 61 years, 9 months, days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Washington D C

FULL NAME OF FATHER Richard France

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Maria Pratt

BIRTHPLACE OF MOTHER (State or country) Essex

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Thompson

(Address) 2005 Eutaw Pl

Filed 3/23 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1908

I HEREBY CERTIFY, That I attended deceased from Jan 21 1908 to March 21 1908

that I last saw him alive on March 21 1908

and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis Chronic Catarrhal

(DURATION) 60 DAYS

Con'ributory (Primary.) Mitral Incompetency (DURATION) years DAYS

(Signed) V Vanwilliams M.D.

Address 601 N Carrollton Ave

Date March 21st 1908

Place of Burial Loudon Park

Date March 23 1908

Undertaker C W B Lilly and Co

Address 119 Pal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C106.0

154

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C106.70

City of Baltimore, (No. 2659, Pennsylvania Ave St.) Ward

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Caroline Fowler

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June (Month) 10th (Day) 1825 (Year)

AGE 82 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Frederick Md.

FULL NAME OF FATHER Henry Bodenwick

BIRTHPLACE OF FATHER (State or country) Native

MAIDEN NAME OF MOTHER Katherine Bachman

BIRTHPLACE OF MOTHER (State or country) Penna Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Kate Oler

(Address) 2659 Penna. Ave.

Filed 3/23 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 21st (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 19th 1908 to Mch 21st 1908 that I last saw her alive on Mch 19 1908, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Old age / Mit
Bronchial pneu

(DURATION) 10 DAYS

Contributory Weakening of Heart

(DURATION) 3 DAYS

(Signed) E. L. Jewett M. D.

Mch 21st 1908 (Address) 1605 N. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	March 24th 1908
UNDERTAKER	**ADDRESS**
Robert Brooks & Son	Mallin & Calhoun

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18. C10671 Registered No. B C10671

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 263. N. Schroeder St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Annie Starklauf

{Residence, if in Baltimore, Give Street and Number.} 263. N. Schroeder

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Apr 6th 1859

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Ulrich

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary E. Ulrich

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Starklauf

(Address) 263 N Schroeder

Filed 3/23 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21st 1908

I HEREBY CERTIFY, That I attended deceased from March 13 1908 to March 21 1908 that I last saw her alive on May 21st 1908, and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

Heart Failure

(DURATION) 9 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Wm G. Small M.D.

Address 1609 Edmondson Ave

Date March 21st 1908

Place of Burial Holy Redeemer

Date 3/24 1908

Undertaker Wm J Schilling

Address 9 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C10672 Registered No. B C10672

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 3347 Beech Ave near N. Police Station St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Teresa Eagar

{Residence, if in Baltimore, Give Street and Number.} 3347 Beech Ave.

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec - 23 - 1875

AGE 32 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Penn.

FULL NAME OF FATHER Wm. Peoples

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Mary Shields

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo. S. Eagar

(Address) 3347 Beech Ave

Filed 3/23 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21. 1908

I HEREBY CERTIFY, That I attended deceased from Feb 3 1908 to March 21, 1908 that I last saw her alive on March 20 1908, and that death occurred, on the date stated above, at 1.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 47 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Mountcastle M.D.

Address 1315 Hollins St.

Date March 23, 1908.

Place of Burial New Cathedral

Date March - 24 1908

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C10673 Registered No. B C10673

132

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Jeatrie R. Young.

{Residence, if in Baltimore, Give Street and Number.} Carroll Co Md.

Duration of Residence in Baltimore. 1 week

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Feb. 21st 1878

AGE 30 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Carroll Co. Md.

FULL NAME OF FATHER John F. Hessin.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Crawford.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alford H Young Jr.

(Address) Ingleside Ave. Md.

Filed 3/23 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23rd 1908

I HEREBY CERTIFY, That I attended deceased from Mch 16th 1908 to Mch 23rd 1908.

that I last saw h alive on " " 1908.

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Primary - Salpingitis & Peritonitis.

Secondary - Peritonitis after Laparotomy

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. H. Branham M.D.

Address 2200 Eutaw Place

Date Mch 23rd 1908.

Place of Burial Westminster Md

Date March 23 1908

Undertaker W. Maurice Routson

Address 230 N Green

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10674

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

76

CERTIFICATE OF DEATH.

Registered No. B C10674

City of Baltimore, (No. 926, Lemmon St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George N. Hyatt.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	White.
DATE OF BIRTH	March 22. 1908. (Month) (Day) (Year)
AGE	~~years,~~ 7 months, 18. days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John Hyatt
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Field

(Address) 1200 W. Lombard

Filed 3/23 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1908. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 15 1908 to March 22 1908.

that I last saw him alive on March 21 1908.,

and that death occurred, on the date stated above, at 2.25 A.M. The CAUSE OF DEATH was as follows:

Meningitis

one
~~years,~~ (DURATION) DAYS

Contributory Catarrh of Middle ear

2 weeks. (DURATION) DAYS

(Signed) A. Driscoll M. D.

March 22 1908 (Address) 268 S. Appleton St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Johns	March 24 1908
UNDERTAKER	ADDRESS
John B. Field	1200 W. Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. C10675

Ward 5 C10675 Registered No. B

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1113 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A Sturgeon

{Residence, if in Baltimore, Give Street and Number.} 1113 E Monument

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: May 15 1883

AGE: 24 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry Stern

BIRTHPLACE OF FATHER (State or country): Germy.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germy.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos N Sturgeon

(Address) 1113 E Monument

Filed 3/23 1908

Registrar HARRY O. ANDREWS PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 21 1908

I HEREBY CERTIFY, That I attended deceased from Mar 1 1908 to Mar 21 1908

that I last saw h- alive on Mar 21 1908,

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral incompetency with dilatation of heart.

(DURATION) DAYS

Con'tributory (Primary) Chronic Nephritis

(DURATION) DAYS

(Signed) W. L. Grd M.D.

Address 1202 E. Monument

Date Mar 21 1908

Place of Burial St Mathews

Date March 24 1908

Undertaker Cadit Tanner

Address 1742 N Bdway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4th C10676 Registered No. B C10676

CERTIFICATE OF DEATH. 93

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward McGinty

{ Residence, if in Baltimore, Give Street and Number. } Highlandtown

Duration of Residence in Baltimore. 6 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/23 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 20 - 1908

I HEREBY CERTIFY, That I attended deceased from Mch 13 1908 to Mch 20 1908 that I last saw h[illegible] alive on Mch 20 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) — DAYS

Contributory (Primary) Exhaustion

(DURATION) 3 DAYS

(Signed) W W Eshen M.D.

Address Balto City Hospl.

Date Mch 20 1908

Place of Burial COLLEGE OF [illegible]

Date MAR 20 1908

Undertaker Commissioner Health.

Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

59

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C10677 Registered No. B C10677

CERTIFICATE OF DEATH.

157

(Place of Death.) No. 113 N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ignatius Washington.

{Residence, if in Baltimore, Give Street and Number.} 113 N. Bruce st

Duration of Residence in Baltimore. one day.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Mar 18th 1908

AGE — years, — months, one days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Walter Washington

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Kate Barnes.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Washington

(Address) 113 N. Bruce st

Filed 3/23 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 19th 1908

I HEREBY CERTIFY, That I attended deceased from Mar 18th 1908 to Mar 19th 1908 that I last saw him alive on Mar 19th 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth (3 months) DAYS (DURATION)

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Kuik M.D.

Address 1313 W Northern

Date Mar 20th 1908

Place of Burial COLLEGE OF P. & S

Date MAR 20 1908 1908

Commissioner Health,

Undertaker Per: Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

58

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, which the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

59

Ward 11 Registered No. B C10678

C10678

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Mary O'Donnell

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 1 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 16 1908

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George E O'Donnell

BIRTHPLACE OF FATHER (State or country) Harford Co. Md.

MAIDEN NAME OF MOTHER Mary C. Carroll

BIRTHPLACE OF MOTHER (State or country) Harford Co.

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E O'Donnell

(Address)

Filed 3/23 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 1908

I HEREBY CERTIFY, That I attended deceased from March 16 1908 to March 17 1908 that I last saw h[illegible] alive on March 17 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) 14 hours

Contributory (Primary.) Prematurity

(DURATION) ..... DAYS

(Signed) Joseph L. Valentine M.D.

Address 622 W Lombard St

Date March 19 1908

JOHNS HOPKINS HOSPITAL

Place of Burial

Date MAR 20 1908 190

Undertaker Commissioner Health,

Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

59

Ward 4 C10679 Registered No. B C10679 176

CERTIFICATE OF DEATH.

(Place of Death.) No. Univ of Md Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jno. C. Plowden

{ Residence, if in Baltimore, Give Street and Number. } 646 Penn Ally

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: 1

AGE: 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) HARRY O. ANDREWS, PERMIT CLERK.

(Address)

Filed 3/23 1908 HARRY O. ANDREWS Registrar PERMIT CLERK

Ham to be burned Gulp JHD.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3.9 1908

I HEREBY CERTIFY, That I attended deceased from At Home 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia, and Probe Shot wound of Spine, (Injured Boston & Ala)

(DURATION) DAYS

Contributory (Primary) (Shot while trying to escape from Policeman)

(DURATION) a.2.) DAYS

(Signed) J. D. Lightner Coroner M.D.

Address 211 N. Lanvale

Date 3.18 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 20 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

54

Morgue

Ward V C10680 Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 839 S Bond Street St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Mary Warczynska

{Residence, if in Baltimore, Give Street and Number.} 839 S. Bond Street.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Felmale | COLOR White

DATE OF BIRTH Aug 15 1846

AGE 61 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widoived

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER Anton Warczynski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Mary Slefinska

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Kucz

(Address) 839 S Bond St

Filed 3/23 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 21 March 1908

I HEREBY CERTIFY, That I attended deceased from 15 March 1908 to 21 March 1908 that I last saw h er alive on 21 March 1908 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia and Emphysema

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) 14 DAYS

(Signed) D. Joseph Abramson M.D.

Address 518 S. Broadway

Date 21 March 1908

Place of Burial St Stanislaws

Date March 24 1908

Undertaker Joseph Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE

SECTION-2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C16681 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriett Charnie

{ Residence, if in Baltimore, Give Street and Number. } 1831 Fulton Terrace

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: B

DATE OF BIRTH: Do not know 1

AGE: 35 (?) years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1908

I HEREBY CERTIFY, That I attended deceased from March 19 1908 to March 20 1908 that I last saw h[illegible] alive on March 20 1908 and that death occurred, on the date stated above, at 10 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic coma

(DURATION) 2 DAYS

Contributory (Primary.) Chronic Nephritis

Do not know (DURATION) DAYS

(Signed) Maurice E. Shamm, M.D.

Address 1213 N. Gilmor St

Date March 21, 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 2 1908 19

Commissioner Health,

Undertaker Per: Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C1682 Registered No. B C1682

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 421 St Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Julia Cuttice

{ Residence, if in Baltimore, Give Street and Number. } 421 St Paul St

Duration of Residence in Baltimore. Eight hours

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
male	white
DATE OF BIRTH	421 St Paul St 1908
AGE	8 Hours.
	....years, ...months, ...days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	421 St Paul St
FULL NAME OF FATHER	Nicholas Turpian
BIRTHPLACE OF FATHER (State or country)	Franklin Co Va
MAIDEN NAME OF MOTHER	Julia Cuttice
BIRTHPLACE OF MOTHER (State or country)	Franklin Co Va
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Cuttice

(Address) 421 St Paul St

Filed 3/13 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	March 20th 1908

I HEREBY CERTIFY, That I attended deceased from 9 a.m. Mar 20 1908 to 2 P.M. Mar 21 1908 that I last saw h... alive on March 20 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth at 6 and one half months (a month 7)

(DURATION) 2 hrs DAYS

Contributory (Primary.) Blue baby

(DURATION) DAYS

(Signed) J. B. Evans M.D.

Address 316 N Paca St

Date March 20th 1908

Place of Burial JOHNS HOPKINS HOSPITAL MAR 2 1908

Date 190

Undertaker Commissioner Health. Per Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

57

Ward W C10683 Registered No. B C10683

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 421 E Lan St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Informt of Julia Cultice.

Full Name Unnamed Infant (girl)

{Residence, if in Baltimore, Give Street and Number.} 421 E Paul St

Duration of Residence in Baltimore. about three days

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
Female	White
DATE OF BIRTH	March 20th 1908
AGE	3 Days
	....years, ...months, ...days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	421 St Paul St
FULL NAME OF FATHER	Nel Turpin
BIRTHPLACE OF FATHER (State or country)	Franklin Co Va
MAIDEN NAME OF MOTHER	Julia Cultice
BIRTHPLACE OF MOTHER (State or country)	Franklin Co Va
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Cultice

(Address) 421 E Paul St.

Filed 3/23 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20th 1908

I HEREBY CERTIFY, That I attended deceased from 1 P.M. Mar 20 1908 to 1 P.M. Mar 20 1908 that I last saw h.. alive on March 20 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth at about six and one half month (a possibly 7)

(DURATION) 4 ~~12 DAYS~~

Contributory (Primary.) unknown

(DURATION) ..... DAYS

(Signed) L. J. Evans M.D.

Address 3167 Paca St

Date March 20th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 1908

Undertaker Commissioner Health

Per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

5 9

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C16684 Registered No. B C16684

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lizzie Young.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: Col.

DATE OF BIRTH: 1

AGE: 84 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 3/23 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1906

I HEREBY CERTIFY, That I attended deceased from March 11 1905 to March 21 1908 that I last saw h alive on March 21 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date March 20 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 21 1908 190

Undertaker Geo Thompson

Address 1805 Hopkins St

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9

Ward ..... C10685 Registered No. B 45

CERTIFICATE OF DEATH.

C10685

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Vaughn

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 3/23 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 20 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 21 1908 to March 20 1908 that I last saw h-er alive on March 20 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Dementia ?

Lungs Bronchopneumonia (DURATION) ..... DAYS

(Signed) Ruth A. Bay M.D.

Address Bay View

Date March 20 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 21 1908 1908

Undertaker Geo Thompson

Address 1809 Hope St

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

60

Ward ..... C10686 Registered No. B C10686

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 709 Potomac St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lottie Jubb.

{ Residence, if in Baltimore, Give Street and Number. } 709 Potomac St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1

AGE: 35 years, — months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm Hubbard

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Benton.

(Address) 841. Shepherd St.

Filed 3/23 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1908

I HEREBY CERTIFY, That I attended deceased from March 16 1908 to March 21 1908 that I last saw her alive on March 21 1908, and that death occurred, on the date stated above, at 3 — P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) C. L. Long M.D.

Address 2429 Fait Ave

Date March 22 1908

Place of Burial Mt Carmel,

Date Mch. 24 1908

Undertaker Wm Cook

Address 502 E. Northern Av.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C10687 Registered No. B C10687

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 761 E Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martin G Jones

{Residence, if in Baltimore, Give Street and Number.} 261 E. Hamburg

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: 1

AGE: 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Dorchester Co Md

FULL NAME OF FATHER: Thomas Jones

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Isabella Jones

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo O Jones

(Address) 16 E Henrietta

Filed 3/23 1908 HARRY O. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20, 1908

I HEREBY CERTIFY, That I attended deceased from March 16 1908 to March 20 1908

that I last saw h[illegible] alive on March 20 1908

and that death occurred, on the date stated above, at 11 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Suddenly Thrombosis

from Organic Heart disease

(DURATION) Suddenly Five

Con'ributory (Primary.) Organic Heart

disease of (DURATION) Many Years

(Signed) Theodore Cook M.D.

Address 914 E Monument St

Date March 21. 1908

Place of Burial Western Cemetery

Date Mch 23 1908

Undertaker Jno. Cook.

Address 502. E. Monument

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 98

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C10688

Registered No. B

City of Baltimore, (No. #208 E. 24th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George E. Shafer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: June (Month) 23 (Day) 1857 (Year)

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: Alexander Shafer

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Catherine —

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Shafer

(Address) 208 E 24th St

Filed 3/23 1908

BARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 22nd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 28th 1908 to March 22nd 1908

that I last saw him alive on March 21st 1908,

and that death occurred, on the date stated above, at 2.30 a.m. The CAUSE OF DEATH was as follows: 2.30

Emphysema

(DURATION) DAYS

Contributory Bronchial asthma

(DURATION) DAYS

(Signed) John J. Stuck M. D.

March 23rd 1908 (Address) 936 E Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: York Pa — DATE OF BURIAL: March 25 1908

UNDERTAKER: H. A. Weidely & Bro. — ADDRESS: 213

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C10689 Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Snowden

{Residence, if in Baltimore, Give Street and Number.} 1927 Druid Hill Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1.....

AGE: 2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Robt Johnson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Edith Snowden

BIRTHPLACE OF MOTHER (State or country): Balto Co.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edith Snowden

(Address) 1927 Druid Hill Ave

Filed 3/23 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1908

I HEREBY CERTIFY, That I attended deceased from ~~March 21~~ 12 March 1908 to March 22 1908

that I last saw h~~im~~ alive on ~~March 23~~ 1908

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Cerebro-spinal meningitis

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hospital

Date 3/23 1908

Place of Burial Laurel

Date March 25th 1908

Undertaker Stanmore & Wright

Address 1364 Druid Park

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C10690 Registered No. B [illegible]

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 209 3rd Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katie Bossom

{ Residence, if in Baltimore, Give Street and Number. } 209 3rd Ave

Duration of Residence in Baltimore. 10 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 2 1873

AGE: 35 years, 7 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: John Aubright

BIRTHPLACE OF FATHER (State or country): Carrol Co Md

MAIDEN NAME OF MOTHER: Julia Aubrights

BIRTHPLACE OF MOTHER (State or country): Carroll Co Md

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. F. Bossom

(Address) 209 3rd Av

Filed 3/23 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 21 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1908 to Mar 21 1908

that I last saw h[illegible] alive on Mar 21 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

7 weeks (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) A. S. Warner M.D.

Address 1120 Highlandtown

Date May 21 1908

Place of Burial Linwood Carroll Co Md

Date Mar 24 1908

Undertaker A S Marshall

Address 3539 Fall Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10691 Registered No. B C10691

CERTIFICATE OF DEATH. 170

(Place of Death.) No. 1409 N. LaFayette ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William S Foster

{Residence, if in Baltimore, Give Street and Number.} 1409 LaFayette ave

Duration of Residence in Baltimore. Life Foster

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Feb 8th 1827

AGE 81 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Benjamin Foster

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Mary Davidson

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Foster Jr

(Address) 1409 W. Lafayett

Filed 3/23 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 10 1908 to Mar 21 1908 that I last saw him alive on Ma 21 1908 and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

(DURATION) DAYS

Con'ributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) Herbert C Baker M.D.

Address 1614 W. LaFayette ave

Date March 21st 1908

Place of Burial Greenmount

Date March 24th 1908

Undertaker Geo J Smith Co

Address 1501 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C10692 Registered No. B C10692

CERTIFICATE OF DEATH.

123.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick J. F. Paeun

{Residence, if in Baltimore, Give Street and Number.} 1938 Penn. Ave.

Duration of Residence in Baltimore. 2 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	W.

DATE OF BIRTH 1865

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER Hankinson

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Foreman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Mallon

(Address) 1938 Penna Ave.

Filed 3/23 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch - 21st 1908

I HEREBY CERTIFY, That I attended deceased from Mch 19 1908 to Mch 21st 1908 that I last saw h im alive on Mch 21st 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis following Cystotomy

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) W W Eshen M.D.

Address Busch Bldg

Date Mch 22 1908

Place of Burial St. Peters

Date March - 24 - 1908

Undertaker Wm. M. Gaughan

Address Watts & Linden Bros

WM. J. C. DULANY CO., SALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C10693

Registered No. B C10693 74

Ward 16

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 N. Mulberry St — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Osing

{Residence, if in Baltimore, Give Street and Number.} 915 N. Mulberry St —

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Jan 6 1845

AGE 60 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joh. Osing

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Osing

(Address) 915 N Mulberry

Filed 3/13 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22. 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 20 1908 to March 22 1908

that I last saw him alive on March 22 1908,

and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia + Asthenia

(DURATION) 2 DAYS

Contributory (Primary.) Multiple Neuritis

(DURATION) 32 DAYS

(Signed) Jno. G. Stifel M D M.D.

Address 901 Myrtle Ave

Date March 23 1908

Place of Burial Western Cemetery 1908

Date Mar 24

Undertaker Wilbur H Shriver

Address 716 Fremont Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 — Registered No. B C10694

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 1706 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Zuzanne Rybizka

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. 28 Years C10694

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 20 1834

AGE: 54 years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Josef Chosinski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Rybizki

(Address) 714 S. Wolfe St

Filed 3/23 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 23 1908

I HEREBY CERTIFY, That I attended deceased from Febru 22 1908 to March 18 1908 that I last saw h alive on March 18 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

(DURATION) 30 DAYS

Contributory (Primary.) Asthma

(DURATION) 40 DAYS

(Signed) S. Szmadzinski M.D.

Address 722 S. Ann St

Date March 23 D 1908

Place of Burial Holy Rosary

Date Wed Mar 25 1908

Undertaker M. F. Sadowski

Address 705 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10695

Registered No. B C10695

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 721 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Mack

{Residence, if in Baltimore, Give Street and Number.} 721 S. Bond St.

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 54 years, .. months, .. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Wenzeslaus Syaza.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Anginska Grunt.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Mack.

(Address) 721 S. Bond St

Filed 3/23 1908

HARRY C. ANDREWS,
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1908

I HEREBY CERTIFY, That I attended deceased from March 18 1908 to March 18 1908

that I last saw h[illegible] alive on March 18 1908,

and that death occurred, on the date stated above, at 1.30 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Chronic bronchitis & Emphysema (DURATION) 8 years.

(Signed) J. J. Josephson M.D.

Address 4N. Bway

Date March 23 1908

Place of Burial St Stanislaus.

Date Tuesday Mar 24 1908

Undertaker M. A. Dadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C10696 Registered No. B C10696

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Casmir (Kasimir) Kuszynski

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Feb 25 1907

AGE ..... years, ... months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John Tuszynska.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Mary Dobzyntowska.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asylum

(Address)

Filed 3/23 1908

Registrar

HARRY O. ANDREWS
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 20 1908

that I last saw ~~him~~ alive on " " 1908

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. L. Finke M.D.

Address 9.5. Paca St.

Date March 21st 1908

Place of Burial Holy Rosary.

Date Monday Mar 23 1908

Undertaker M. F. Sadowski.

Address 703 S. Ann St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C10697 Registered No. B C10697

CERTIFICATE OF DEATH. 54

(Place of Death.) No. John Hopkins Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gen. Jacob Kline

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 15 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: [illegible] 1838

AGE: 67 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired Army Officer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. J. Heard.

(Address) Johns Hopkins Hospital

Filed 3/23 1905 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 23d 1905

I HEREBY CERTIFY, That I attended deceased from Mar. 4th 1905 to Mar. 9th 1905, that I last saw him alive on Mar 23d 1905, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pernicious Anaemia.

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) P. W. Clough M.D.

Address

Date 1905

Place of Burial Arlington National Cemetery, Virginia

Date Mar 24 1905

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 7

C10698 Registered No. B C10698

CERTIFICATE OF DEATH.

(Place of Death.) No. 219 W Conway St. 93 (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Claude Brown

{ Residence, if in Baltimore, Give Street and Number. } 219 W Conway. Baltimore

Duration of Residence in Baltimore. 4 mos 7 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Black

DATE OF BIRTH November 15 1907

AGE — years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Maryland

FULL NAME OF FATHER George Brown

BIRTHPLACE OF FATHER (State or country) South Mills North Carolina

MAIDEN NAME OF MOTHER Eliza Williams

BIRTHPLACE OF MOTHER (State or country) Richmond Virginia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Brown

(Address) 219 W Conway

Filed 3/23 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1908

I HEREBY CERTIFY, That I attended deceased from March 21 1908 to March 21 1908

that I last saw h-im alive on March 21 1908, at 5:30 P. M. and that death occurred, on the date stated above, at 5:30

CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 1 DAYS

Contributory (Primary) Lobar Pneumonia

2 weeks (DURATION) DAYS

(Signed) R. P. Todd M.D.

Address Evening Dispensary. 11 S. Bond

Date March 22 1908

Place of Burial Mt. [redacted] Cem

Date March 23 1908

Undertaker John H. Bradow

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10699

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH. C10699

Registered No. B.....

City of Baltimore, (No. Union Protestant Infirmary, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick A Arnold

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April (Month) 3 (Day) 1853 (Year)

AGE: 54 years, 11 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George M. Arnold

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Catherine Bender

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie E Hilton

(Address) 1006 Edmondson

Filed 3/27 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar (Month) 22 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 17 1908 to Mar 22 1908 that I last saw him alive on Mar 22 1908, and that death occurred, on the date stated above, at 6.10 A.M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

about 4 yrs (DURATION) DAYS

Contributory Cancer

1 (DURATION) DAYS

(Signed) H. E. Krug M. D.

March 1908 (Address) 1002 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1008 Franklin. How long at Place of Death? 27 Days

Where was disease contracted, if not at place of death? At home

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: March 24 1908

UNDERTAKER: J. N. B. Cook — ADDRESS: 1003 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C10700 Registered No. B 17

CERTIFICATE OF DEATH.

(Place of Death.) No. 1700 W Balto St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Ohl

{ Residence, if in Baltimore, Give Street and Number. } 1700 W Balto St

Duration of Residence in Baltimore. 19 Years C 10700

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 1 1866

AGE: 41 years, 5 months, 21 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Woodlawn Md

FULL NAME OF FATHER: Wm Ohl

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Roenia Schaefer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ohl

(Address) 1700 W Balto St

Filed 3/23 1905 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to Mar 22 1908

that I last saw her alive on Mar 21 1908,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) one year

(Signed) James Boeing M.D.

Address 1701 Hollins St

Date March 23 1908

Place of Burial Woodlawn Md

Date Mar 24 1908

Undertaker Jas B Cook

Address 1503 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10701

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

64

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C10701

Registered No. B.....

City of Baltimore, (No. German Aged Home St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Johann F. G. Schmidt

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Oct 23 1826
(Month) (Day) (Year)

AGE 86 years, 5 months, — days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Thomas L Schmidt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Record from G.A.H.

(Address) W Baltimore St

Filed 3/23 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 21 1908 to March 22 1908 that I last saw him alive on March 21 1908, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Apoplexia

(DURATION) 1 DAYS

Contributory Old age

(DURATION) DAYS

(Signed) L. E. Reinhardt M. D.

March 22 1908 (Address) 1400 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt Olivet Cem

DATE OF BURIAL March 24 1908

UNDERTAKER Jos B. Cook

ADDRESS 1083 W Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C10702

Registered No. B

City of Baltimore, (No. 1518 ~~Boyd~~ McHenry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leo Baxter Faherty

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. (Month) 16th (Day) 1906 (Year)

AGE: 1 years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John M. Faherty

BIRTHPLACE OF FATHER (State or country): Ellicott City Md.

MAIDEN NAME OF MOTHER: Annie M. Gardner

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. M. Faherty

(Address) 1518 Mc Henry St.

Filed 3/23 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 22 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 8th 1908 to March 22d 1908 that I last saw him alive on March 21st 1908, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Bronchitis & Convulsions

(DURATION) 14 DAYS

Contributory Teething

(DURATION) DAYS

(Signed) H. W. Webner M. D.

March 22 1908 (Address) 723 W. Lombard St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters Cem

DATE OF BURIAL: March 24 1908

UNDERTAKER: Jos B Cook

ADDRESS: 1003 N Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

146

CERTIFICATE OF DEATH.

Registered No. B C10703

City of Baltimore, (No. 406, Courtland St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Rutter Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: April (Month) 23 (Day) 1907 (Year)

AGE: ..... years, 10 months, 24 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John ~~Rutter~~ Jr

BIRTHPLACE OF FATHER (State or country): Norfolk Va

MAIDEN NAME OF MOTHER: Lena Hickmon

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Fox

(Address) 406 Courtland St.

Filed 3/23 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 23rd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 7 1908 to March 23 1908 that I last saw h[illegible] alive on March 16 1908, and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 30 DAYS ?

Contributory Rickets

(DURATION) life DAYS

(Signed) G G Brantley M. D.

3/23/ 1908 (Address) 222 E Cross St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery | DATE OF BURIAL: March 24 1908

UNDERTAKER: Tabb B. Pye | ADDRESS: 102 E Franklin St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C10704 Registered No. B [illegible]

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 568 Biddle alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nancie Purnell

{Residence, if in Baltimore, Give Street and Number.} 568 Biddle alley

Duration of Residence in Baltimore About 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH ..... 1 .....

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Northumberland Va

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) unknown

OCCUPATION OF DECEASED house keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Walker

(Address) 568 Biddle al

Filed 3/23 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22d 1908

I HEREBY CERTIFY, That I attended deceased from Jan 14th 1908 to March 22d 1908

that I last saw her alive on March 15th 1908,

and that death occurred, on the date stated above, at 10 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Miliary Tuberculosis

Duration 3 month

about

(DURATION) DAYS

Contributory (Primary.) La Grippe

(DURATION) 10 DAYS

(Signed) Samuel A Bain M.D.

Address 619 W Biddle

Date March 22d 1908

Place of Burial Mt Auburn Cemetery

Date March 24th 1908

Undertaker Felix B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C16705 164

Registered No. B.....

City of Baltimore, (No. 1529, Eutaw Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Robb

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1827 (Year)

AGE 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER Charles Robb

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Ann Amelia Mattews

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED Retired Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sylvanie Robb

(Address) 1529 Eutaw Place

Filed 3/23 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 23rd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 20th 1908 to March 23 1908 that I last saw him alive on March 22 1908, and that death occurred, on the date stated above, at 4-20 a.m. The CAUSE OF DEATH was as follows:

Fracture neck of Femur
followed by Congestion Brain
and Lungs

(DURATION) 3 DAYS

Contributory "Age" Senile Atheroma

(DURATION) ..... DAYS

(Signed) Thos. P. McCormick M. D.

March 29 1908 (Address) 1421 Eutaw Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL New York City | DATE OF BURIAL Mar 25 1908

UNDERTAKER David M. Lean Co | ADDRESS 833 Linden Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B C10706

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 2822 E. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caroline Kehl

{Residence, if in Baltimore, Give Street and Number.} 2822 E Balto. St.

Duration of Residence in Baltimore. 4 yrs. C 10706

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. COLOR: W.

DATE OF BIRTH: June 1836

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: dont know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Dean

(Address) 2822 E Balto. St.

Filed 3/23 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21st 1908

I HEREBY CERTIFY, That I attended deceased from March 20th 1908 to March 21st 1908

that I last saw h er alive on March 21st 1908,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Heart Disease

(DURATION) 2 DAYS

Con ributory (Primary.) —

(DURATION) DAYS

(Signed) Edw. M. Shipwood M.D.

Address 5 N. Washington St

Date March 23d 1908

Place of Burial Harrisburg, Penn.

Date Mar. 24th 1908

Undertaker Ira A. Gorman

Address Bangs & Ann Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 Registered No. B C10707

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 2303 E Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Joseph Kane

{Residence, if in Baltimore, Give Street and Number.} 2303 E Preston St

Duration of Residence in Baltimore 60 years C10707

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Kane (Nephew

(Address) 2303 E. Preston St.

Filed 3/23 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1908

I HEREBY CERTIFY, That I attended deceased from Mar 14 1908 to Mar 21 1908

that I last saw h[illegible] alive on Mar 20 1908,

and that death occurred, on the date stated above, at 1 - a m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

Exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. B. Burch M.D.

Address 828 N. Carrollton Ave

Date Mar 23 1908

Place of Burial Cathedral cemetery

Date March 24 1908

Undertaker P. H. & M. J. Flynn

Address 42 & West St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C16708 Registered No. B [illegible]

CERTIFICATE OF DEATH. 19

(Place of Death.) No. St Joseph's Hospital ~~St.~~ (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Hattie Grace Fierce

{Residence, if in Baltimore, Give Street and Number.} 2212 Hunter alley

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 18 years, mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Fierce

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Smith

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Fierce

(Address) 2212 Hunter Alley

Filed 5/23 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3. 20. 1908

I HEREBY CERTIFY, That I attended deceased from 3.9. 1908 to 3.20. 1908 that I last saw h[illegible] alive on 3.20 1908 and that death occurred, on the date stated above, at [illegible] a. m. CAUSE OF DEATH (Secondary or Immediate

Cardiac Dilatation

Three minutes (DURATION) DAY

Con ributory (Primary.)

~~Lobar~~ Pneumonia (DURATION) 13 DAY

(Signed) Eugene L Pierson M.D

Address St Joseph's Hospital

Date Prince Edward Co. Va 1908

Place of Burial Ontario. Staun

Date March 24 1908

Undertaker R. A. Elliott

Address 556 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10709 Registered No. B C10709

CERTIFICATE OF DEATH. 90

(Place of Death.) No. 807 Hopkins ave N.E. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Margaret E. Beever

{ Residence, if in Baltimore, Give Street and Number. } 807 Hopkins ave N.E.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 23rd 1908

AGE: ..... years, 1 month, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Arthur Beever

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Maggie Barnett

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur Beever

(Address) 807 Hopkins ave N.E.

Filed 3/23 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 23 1908

I HEREBY CERTIFY, That I attended deceased from March 12 1908 to March 23 1908

that I last saw her alive on March 21 1908

and that death occurred, on the date stated above, at 12.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 11 DAYS

Contributory (Primary.) Coma and Exhaustion

(DURATION) ..... DAYS

(Signed) Alex. A. Sage M.D.

Address 727 N Broadway

Date 1908

Place of Burial Loudon Park Cemetery

Date March 24th 1908

Undertaker George Schulling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10710 Registered No. B C10710

CERTIFICATE OF DEATH. 106

(Place of Death.) No. 504 W West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Raymond Wheatley

{Residence, if in Baltimore, Give Street and Number.} 504 W West St

Duration of Residence in Baltimore..

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: March 31 — 1903

AGE: 4 years, 6 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Henry F. Wheatley

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary A. Johnson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry F. Wheatley

(Address) 504 W. West St.

Filed 3/23 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21 1908

I HEREBY CERTIFY, That I attended deceased from March 21 1908 to March 21 1908 that I last saw h[illegible] alive on March 21 1908, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Spasmodic Croup

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw. Grumpton M.D.

Address 617 Lemmon

Date March 23 1908

Place of Burial Mt. Auburn Cem.

Date March 24, 1908

Undertaker John H. Toadvine

Address 1412 W. Hill St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2717 Hudson Street St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant of Murphy Lillie Pfaff

{ Residence, if in Baltimore, Give Street and Number. } 2717 Hudson Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 22nd 1908

AGE 1 day ... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Chas. Murphy

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Lily Pfaff

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Weber

(Address) 2717 Hudson st

Filed March 24 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Immition

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Thos Sudler Coroner M.D.

Address 320 ½ Greene St

Date ... 190...

Place of Burial Mt Carmel Cemetery

Date March 24th 1908

Undertaker J. C. Schuh & Son

Address 3815 E. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10712 Registered No. B C10712

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 2620 Maryland Ave St. (If Death occurred in Hospital or institution, give its Name Instead of Street and Number)

Full Name Hannah M Jones

{Residence, if in Baltimore, Give Street and Number.} 2620 Maryland Ave

Duration of Residence in Baltimore. many years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: Mar 16 1832

AGE: 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltic city

FULL NAME OF FATHER: Isaac Butterill

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Eliza Brechtoff

BIRTHPLACE OF MOTHER (State or country): Baltic city

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mary E Jones daughter

(Address) 2620 Maryland ave

Filed 3/24 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 23 1908

I HEREBY CERTIFY, That I attended deceased from March 21 1908 to March 23 1908

that I last saw h[illegible] alive on March 22 1908

and that death occurred, on the date stated above, at 3 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of lungs —

(DURATION) DAYS

Con'tributory (Primary) Paralysis vocti

Dictorum - for 4 years (DURATION) DAYS

(Signed) W. F. A Kemp M.D.

Address 8 W 25th St

Date March 23 1908

Place of Burial Greenmound cemetry

Date Mar 25th 1908

Undertaker Robt. Burkeser

Address 17 S. Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 Registered No. B 6743

CERTIFICATE OF DEATH.

(Place of Death.) No. 2139 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elmon Fletcher Mcafee

{ Residence, if in Baltimore, Give Street and Number. } 2139 Vine St

Duration of Residence in Baltimore.. 13 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH April 7 1885

AGE 22 years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Penna

FULL NAME OF FATHER Wm James Mcafee

BIRTHPLACE OF FATHER (State or country) Penna.

MAIDEN NAME OF MOTHER Fannie Hamer

BIRTHPLACE OF MOTHER (State or country) Penna

OCCUPATION OF DECEASED Plumber.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Mcafee

(Address) 2139 Vine St

Filed Mch 24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1908

I HEREBY CERTIFY, That I attended deceased from June 1907 to March 22 1908 that I last saw h[illegible] alive on March 22 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

For 1 year (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) W. F. Sowers M.D.

Address 2311 Edmondson Ave

Date March 22 1908

Place of Burial Loudon Park

Date Mar 25th 1908

Undertaker Robt. Brookesson

Address 17 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W 10714 Registered No. B 10714

CERTIFICATE OF DEATH. 94

(Place of Death.) No. 716 W Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mayer Oplin

{ Residence, if in Baltimore, Give Street and Number. } 716 W Saratoga St

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colite

DATE OF BIRTH 710 East Monteagle

AGE 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Joseph Oplin

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Kate Katz

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Manufacturer White Goods

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Sachs

(Address) 213 S. Sharp St

Filed 3/24 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23rd 1908

I HEREBY CERTIFY, That I attended deceased from June 1907 to March 23rd 1908 that I last saw h 2 in alive on March 23rd 1908 and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pleurisies

Two Days (DURATION) DAYS

Con tributory (Primary.)

(DURATION) DAYS

(Signed) S D Stoner M.D.

Address 1501 E Eager Ave

Date March 24th 1908

Place of Burial Washington Road Hebrew Cem.

Date March 24th 1908 190

Undertaker Max Levinson

Address 1620 W Lerody St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19th. C10715 Registered No. B C10715.

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 2904 Elliott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jerome Adams

{Residence, if in Baltimore, Give Street and Number.} 2904 Elliott St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 13 1907

AGE: 1 years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John J. Adams

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Mary R. O'Rourke

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Adams

(Address) 2904 Elliott st

Filed 3/24 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1908

I HEREBY CERTIFY, That I attended deceased from March 12 1908 to March 22 1908 that I last saw him alive on March 22 1908 and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis (DURATION) 10 DAYS

Contributory (Primary) Septicemia (DURATION) — DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caton Ave.

Date March 23 1908

Place of Burial Sacred Heart Cemetery

Date March 24th 1908

Undertaker James Dignan & Sons

Address 759 W. Hamburg St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 Registered No. B C16716

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1516 E Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Saml Worrall Radcliffe

{ Residence, if in Baltimore, Give Street and Number. } 1516 E Preston

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 20 1883

AGE 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Saml W Radcliffe

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Pauline B Dobler

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Mechanic & Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml W Radcliffe

(Address) 1516 E Preston

Filed 3/24 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21st 1908

I HEREBY CERTIFY, That I attended deceased from June 19th 1907 to March 21st 1908 that I last saw him alive on March 21st 1908, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy and Pneumonia

(DURATION) 14 DAYS

Con'tributory (Primar Tuberculosis of the Lungs Ulceration (DURATION) 266 DAYS

(Signed) Saml J Beck M.D.

Address 1516 E Preston St

Date Balto March 21st 1908

Place of Burial Old Methodist

Date Mar 24 1908

Undertaker Robt J Turner

Address 1442 N Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10717 Registered No. B 156

CERTIFICATE OF DEATH.

(Place of Death.) No. 721 S. Wilton Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. G. Zwicker

{ Residence, if in Baltimore, Give Street and Number. } 721 S. Wilton Avenue

Duration of Residence in Baltimore. 25

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 4 1863

AGE 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Zwicker

(Address) 721 S Wilton ave

Filed 3/24 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23, 1908

I HEREBY CERTIFY, That I attended deceased from .....1908..... to .....1908.....

that I last saw h..... alive on .....1908.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Gas

.....(DURATION)..... DAYS

Contributory (Primary.) .....

.....(DURATION)..... DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 ½ Greene St.

Date .....1908.....

Place of Burial Dale Cemetery

Date Mar 25 1908

Undertaker Robt J Turner

Address 1442 Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10718 Registered No. B C10718

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas P. McGarry

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 17 1863 ~~1908~~

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Thos McGarry

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Lowney

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Bar tender.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lemar Holliday, Supt

(Address) BAY VIEW ASYLUM.

Filed 3/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22nd 1908

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to March 22 1908 that I last saw h alive on March 22 1908, and that death occurred, on the date stated above, at 10:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date March 22 1908

Place of Burial Mt Calvert

Date Mar 25 1908

Undertaker Catt & Turner

Address 1424 E Pratt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 3 C10719 Registered No. B C10719

CERTIFICATE OF DEATH. 90

(Place of Death.) No. 1208 Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lazarus Cantor

{ Residence, if in Baltimore, Give Street and Number. } 1208 Gay St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M	COLOR: W
DATE OF BIRTH: March 8 1901	
AGE: ..... years, ... months, 16 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Abraham Cantor	
BIRTHPLACE OF FATHER (State or country): Russia	
MAIDEN NAME OF MOTHER: Hough Cantor	
BIRTHPLACE OF MOTHER (State or country): Russia	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Berman

(Address) 118 Albemarle st

Filed 3/24 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1908

I HEREBY CERTIFY, That I attended deceased from March 23 1908 to March 24 1908 that I last saw h— alive on March 24 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis (Bronchitis)

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Weinstein M.D.

Address 114 Bradley

Date March 24 1908

Place of Burial Hebrew Boardale Cemetery

Date Mar. 24 1908

Undertaker Max Levinson

Address 162 N. Eden ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

C10720

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 213 W Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza J Thomas.

{Residence, if in Baltimore, Give Street and Number.} 213 W Hoffman

Duration of Residence in Baltimore. Life Time C10720.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —— 1

AGE 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER George Thornton

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mariah A Allen

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant George R Brown

Address 213 W Hoffman St

Filed 3/24 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 22 1908

I HEREBY CERTIFY, That I attended deceased from Jany 14 1908 to Mar 22 1908 that I last saw h[illegible] alive on Mar 22 1908, and that death occurred, on the date stated above, at 5.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Coma.

(DURATION) 4 DAYS

Contributory (Primary.) Nephritis

(DURATION) ..... DAYS

(Signed) M. A. Weinberg M.D.

Address 742 W Fayette St

Date Mar 23 1908

Place of Burial Mt Zion

Date March 24 1908

Undertaker R T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C10721 Registered No. B

CERTIFICATE OF DEATH. C10721

(Place of Death.) No. 2124 E Federal St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Kramer

{Residence, if in Baltimore, Give Street and Number.} 2124 E Federal St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 5th 1908

AGE: ..... years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Charles Kramer

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Elizabeth Busse

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Chas Kramer

(Address) 2124 E. Federal St

Filed 3/24 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 22nd 1908

I HEREBY CERTIFY, That I attended deceased from March 22nd 1908 to March 23rd 1908

that I last saw him alive on March 22nd 1908

and that death occurred, on the date stated above, at 6:15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1504 Eager St

Date March 23rd 1908

Place of Burial Holy Redeemer

Date March 24 1908

Undertaker Henry Koech & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C10722 Registered No. B 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1902 Penna Ave St (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary A. Richardson

{Residence, if in Baltimore, Give Street and Number.} 1902 Penna Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Richardson

(Address) 1902 Penna ave.

Filed 3/27 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22 1908

I HEREBY CERTIFY, That I attended deceased from March 19 1908 to March 22 1908 that I last saw h on alive on March 21 1908, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cyhanosis

(DURATION) 2 DAYS

Contributory (Primary) Pneumonia

(DURATION) 2 DAYS

(Signed) M. Meslin M.D.

Address 85-2 W. North Ave

Date March 23 1908

Place of Burial Baltimore Cem

Date March 24 1908

Undertaker John E Hough Co.

Address 1422 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10723

City of Baltimore, (No. 1502, E. Fort Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herman Ruff

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Feb 15th 1908
(Month) (Day) (Year)

AGE ..... years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Ruff.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Muth

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mary Ruff

(Address) 1502 E Fort ave

Filed 3/24 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23rd 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 12th 1908 to March 23rd 1908 that I last saw him alive on March 23rd 1908, and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

Spinal Meningitis

(DURATION) 14 DAYS

Contributory Spasm

(DURATION) ..... DAYS

(Signed) Jennie D. Bonne M.D.

March 24th 1908 (Address) 1223 S. Charles St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Holy Cross A.A.C. DATE OF BURIAL March 25 1908

UNDERTAKER Jos. Stanbeck ADDRESS 1318 Light St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward W. C16:24 Registered No. B

CERTIFICATE OF DEATH.

17r

(Place of Death.) No. Found in dock at foot of Mill St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. } — — — —

Duration of Residence in Baltimore. — — —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: about 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): — — —

FULL NAME OF FATHER: — — —

BIRTHPLACE OF FATHER (State or country): — — —

MAIDEN NAME OF MOTHER: — — — —

BIRTHPLACE OF MOTHER (State or country): — — —

OCCUPATION OF DECEASED: Probably a Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. S. Hayden

(Address) 216 N. Caroline St.

Filed 3/24 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: about March 15 1908

I HEREBY CERTIFY, That I attended deceased from Coroner's 190 to Case 190

that I last saw h alive on — 190

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental drowning

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. N. Hayden M.D. Coroner

Address 216 N. Caroline St

Date Mar. 20 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 23 1908 190

Undertaker

Address

Commissioner Health,
Per. Wm. E. Woodall

FOR ANATOMICAL PURPOSES

Cremated

WM. J. C. DULANY CO., BALTIMORE.

Morgue

58

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C10725 Registered No. B

CERTIFICATE OF DEATH.

56

(Place of Death.) No. 137½ Harrison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mollie Downs

{Residence, if in Baltimore, Give Street and Number.} 137½ Harrison ex

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ~ 1

AGE: 41 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robt Brown

BIRTHPLACE OF FATHER (State or country): ~

MAIDEN NAME OF MOTHER: ~

BIRTHPLACE OF MOTHER (State or country): ~

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. D. Hayden

(Address) 1216 N. Caroline ex

Filed 3/24 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 14, 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 10 1908 to ~ 1908

that I last saw h~ alive on ~ 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Alcoholism and Bronchitis

(DURATION) ~ DAYS

Contributory (Primary.) ~

(DURATION) ~ DAYS

(Signed) Benj. D. Hayden Coroner M.D.

Address 1216 N. Caroline St

Date Mar. 20 1908

Place of Burial COLLEGE OF P. & S

MAR 23 1908

Date ~ 190~

Undertaker Commissioner Health.

Address Per. Wm. E. WOODALL

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

55

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1210 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of Mary Bell

Full Name Baby Bell #11

{Residence, if in Baltimore, Give Street and Number.} as above.

Duration of Residence in Baltimore. C 10726

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH Mar 18 1908

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balt

FULL NAME OF FATHER Alexander Bell

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Mary Bell

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/24 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4 A.M. Mar 21 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 18 1908 to Mar. 20 1908 that I last saw h im alive on Mar 20 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) ..... DAYS

Contributory (Primary.) Premature birth 8 1/2 mos. (DURATION) ..... DAYS

(Signed) W. S. Pancoast M.D.

Address Johns Hopkins Hosp

Date Mar. 21 - 08 1908

Place of Burial COLLEGE OF P & S

MAR 23 1908

Date ..... 190.....

Undertaker Commissioner Health. Per Wm. E. WOODALL

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

61

Ward .....

C10727

Registered No. B .....

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 1210 N. Wolfe St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant Mary Bell

Full Name Baby Bell

{Residence, if in Baltimore, Give Street and Number.} as above

Duration of Residence in Baltimore. 1 day.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Blk -

DATE OF BIRTH: Mar. 18 1908

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): —— Balto.

FULL NAME OF FATHER: Alexander Bell

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Mary Bell

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/24 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 19 1908

I HEREBY CERTIFY, That I attended deceased from Mar 18 1908 to Mar. 19 1908 that I last saw h.. alive on Mar 18 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.) Premature Birth & Mal

..... (DURATION) ..... DAYS

(Signed) W. H. Park M.D.

Address Johns Hopkins Hospital

Date Mar. 20 1908

COLLEGE OF P. & S

Place of Burial .....

MAR 23 1908

Date ..... 190..

Undertaker Commissioner Health,

Per. Wm. E. WOODALL

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

108

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mr. Clarendon M Greene

{Residence, if in Baltimore, Give Street and Number.} Putnam, Conn.

Duration of Residence in Baltimore. /

C 10728

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Feb 18, 1

AGE 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Mass

FULL NAME OF FATHER Marquis Greene

BIRTHPLACE OF FATHER (State or country) Mass

MAIDEN NAME OF MOTHER Clarissa Goddard

BIRTHPLACE OF MOTHER (State or country) Mass

OCCUPATION OF DECEASED Carpenter - Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Greene Wheeler

(Address) Rahway N. J.

Filed 3/24 1908 HARRY C. ANDREWS, PERMIT CLERK. (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 24th 1908

I HEREBY CERTIFY, That I attended deceased from Mar 20th 1908 to Mar 24 1908 that I last saw him alive on Mar 24 1908, and that death occurred, on the date stated above, at 8.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Gangrene of Scrotum due to injuries received in accident (DURATION) 8 DAYS

(Signed) Edward Bagby Jr. M.D.

Address Hebrew Hospital

Date Mar 24th 1908

Place of Burial Putnam - Conn

Date Mch 24 1908

Undertaker Jos B. Cook

Address 1063 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

CERTIFICATE OF DEATH.

9V

(Place of Death.) No. 134 Gittings St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin Johnson

{Residence, if in Baltimore, Give Street and Number.} 134 Gittings St

Duration of Residence in Baltimore. Life -

C 10729

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Md -

FULL NAME OF FATHER Benjamin Johnson

BIRTHPLACE OF FATHER (State or country) Md -

MAIDEN NAME OF MOTHER Elizabeth G. Meyd.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin T. Johnson.

(Address) 134 Gitting St City.

Filed 3/24 1908.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 24 1908

I HEREBY CERTIFY, That I attended deceased from Feb 27 1908 to Mar 24 1908 that I last saw h[illegible] alive on Mar 23 1908, and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) 28 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C P Straus M.D.

Address 1606 Light St

Date Mar 24 1908

Place of Burial Leader Hill

Date March 26 190

Undertaker J Thos E Jarrett & Son

Address 1426 S Charles St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 6 C10730 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1735 E. Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 19

Full Name Philip E. Blum

{Residence, if in Baltimore, Give Street and Number.} 1735 E. Lafayette Ave

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 3d 1833

AGE 70 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Jewelry Box Manfg

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johanna Blum

(Address) 1735 E Lafayette

Filed 3/24 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21st 1908

I HEREBY CERTIFY, That I attended deceased from Feby 20th 1908 to March 21st 1908

that I last saw him alive on March 14th 1908,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Valv Dis Heart

Visceral Degeneration

(DURATION) One month

Contributory (Primary.)

(DURATION) DAYS

(Signed) O T Bloomer M.D.

Address 1507 E Lafayette

Date March 22nd 1908

Place of Burial Mt. Carmel Cem

Date Mar 24/08 1908

Undertaker J Herring & Son

Address 700 E Oliver St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10731 Registered No. B C10731

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 1105 S. Carey St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lillian E Uttenreither

{ Residence, if in Baltimore, Give Street and Number. } 1105 S Carey st-

Duration of Residence in Baltimore. Baltimore

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Feb. 18 1908

AGE ——— years, 1 months, 4 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto. md.

FULL NAME OF FATHER Joseph Uttenreither

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER margerat King

BIRTHPLACE OF MOTHER (State or country) Balto. md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Uttenreither

(Address) 1105 S. Carey st.

Filed 3/26 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March. 22 1908

I HEREBY CERTIFY, That I attended deceased from March. 19 1908 to March 22 1908 that I last saw her alive on March 22 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. M Lumpkin M.D.

Address 602 S. Paca st

Date March. 23 1908

Place of Burial Mt. Carmel Cem.

Date mar. 24 1908

Undertaker Ph. J. Dill & Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... (16?3?) .....

CERTIFICATE OF DEATH.

92

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary Marsh

{Residence, if in Baltimore, Give Street and Number.} Church Home & Infirmary

Duration of Residence in Baltimore. 6 years

C 10732

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1820

AGE: 87 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Mass ?

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) (Miss) A. H. Krause

(Address) Church Home & Infirmary

Filed 3/27 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 24 1908

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to March 24 1908 that I last saw h er alive on March 23 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-pneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Charles H. Stubenrauch M.D.

Address Church Home & Infirmary

Date March 24 1908

Place of Burial Greenmount Cem

Date Mar 25 1908

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C10733 Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 613 Stirling St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Young

{ Residence, if in Baltimore, Give Street and Number. } 613 Stirling St

Duration of Residence in Baltimore. Life time C10733

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1870

AGE: 38 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Robert Young

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Catherine Taylor

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Armstrong

(Address) 613 Sterling St

Filed 3/24 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 22 1908

I HEREBY CERTIFY, That I attended deceased from Feb 5 1908 to Mar 22 1908 that I last saw h[im] alive on Mar 21 1908, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) Several months DAYS

Contributory (Primary.) Cancer

(DURATION) [illegible] YS

(Signed) J. E. Heard M.D.

Address 202 Higgith St

Date Mar 24 1908

Place of Burial Laurel Cem

Date March 25 1908

Undertaker R. A. Elliott

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 — Registered No. B

54

CERTIFICATE OF DEATH.

(Place of Death.) No. 1602 W. Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mollie W. A. Holden

{Residence, if in Baltimore, Give Street and Number.} 1602 W. Lafayette Ave.

Duration of Residence in Baltimore. 30 yrs C10734

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH July 15 1887

AGE 30 years, 8 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER J. Wesley Holden

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary L. Mifflin

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED Music teacher.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mary L Holden

(Address 1602 W Lafayette Ave

Filed 3/24 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 23 1908

I HEREBY CERTIFY, That I attended deceased from Feb 15 1908 to Mch 23 1908

that I last saw h alive on Mch 22 1908,

and that death occurred, on the date stated above, at 2.25 a.m. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 3 DAYS

Contributory (Primary) Pernicious Anaemia, Apmt 1 yr. (DURATION) DAYS

(Signed) E. Oberi Murray M.D.

Address 1221 W. Lafayette Ave

Date Mch 23 08 1908

Place of Burial Mt Calvary

Date Mch 25 1908

Undertaker Wm F Fickus & Son

Address Eutaw & Pacific

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C16735 Registered No. B C16735

67

CERTIFICATE OF DEATH.

(Place of Death.) No. 1026 Aiesmith St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name George C. Adams

{Residence, if in Baltimore, Give Street and Number.} 1026 Aiesmith St

Duration of Residence in Baltimore. 46 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 25th 1842

AGE: 65 years, 5 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Connecticut

FULL NAME OF FATHER: Wm H. Adams

BIRTHPLACE OF FATHER (State or country): Connecticut

MAIDEN NAME OF MOTHER: Sarah Crane

BIRTHPLACE OF MOTHER (State or country): Mass.

OCCUPATION OF DECEASED: Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1026 Aiesmith St.

Filed 3/24 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 24th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 14th 1907 to March 24th 1908 that I last saw him alive on March 20 1908, and that death occurred, on the date stated above, at 1.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Locomotor Ataxia

(DURATION) ? DAYS

Contributory (Primary.) Asthenia

(DURATION) ____ DAYS

(Signed) L. M. C. Parker M.D.

Address 1051 Aiesmith St.

Date March 24th 1908

Place of Burial Druid Ridge

Date March 26 1908

Undertaker Wm Cook

Address 1026 E Monument

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Registered No. B

CERTIFICATE OF DEATH. 124

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Modlin

{ Residence, if in Baltimore, Give Street and Number. } 1912 N. Payson St.

Duration of Residence in Baltimore. 1 year C10736

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 1834

AGE: 74 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Bird

(Address) University Hosp.

Filed 3/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1908

I HEREBY CERTIFY, That I attended deceased from March 2 1908 to March 24 1908 that I last saw h.. in alive on March 24 1908, and that death occurred, on the date stated above, at 12.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hypostatic Pneumonia

(DURATION) 13 DAYS

Contributory (Primary.) Intestinal Stricture

General Cachexia (DURATION) 7 years

(Signed) J. H. Bird M.D.

Address University Hosp.

Date March 24 1908

Place of Burial Baltimore Cemetery

Date March 26 1908

Undertaker F A Krause Bro

Address 208 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 n

C16737

Registered No. B

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 2316 Cambrige St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name

{ Residence, if in Baltimore, Give Street and Number. } Stephan Extowicz

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: October 1st 1907

AGE: ..... years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Anton Extowicz

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Anne Goździerski

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Extowicz

(Address) 2316 Cambrige St

Filed 3/24 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 24 1908

I HEREBY CERTIFY, That I attended deceased from March 23 1908 to March 24 1908 that I last saw him alive on March 24 1908, and that death occurred, on the date stated above, at 12 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (DURATION) 2 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 2 DAYS

(Signed) S. J. Szumalski M.D.

Address 722 S. Ann St

Date March 24 1908

Place of Burial Holy Rosary.

Date MAR 25 1908 190

Undertaker M. F. SADOWSKI

Address 703 S. Ann St

BALTIMORE, MD.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 93

CERTIFICATE OF DEATH.

(Place of Death.) No. Condon Hotel Fayette & Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Mary D. Horner

{ Residence, if in Baltimore, Give Street and Number. } Condon Hotel, Fayette and Paca Sts

Duration of Residence in Baltimore. Whole Lifetime C 10738

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Friday 9th 1848

AGE: 59 years, 1 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: S. L. Hammersley

BIRTHPLACE OF FATHER (State or country): Cannot say

MAIDEN NAME OF MOTHER: Elizabeth Boden

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Gilmore

(Address) Condon Hotel

Filed March 24th 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 24th 1908

I HEREBY CERTIFY, That I attended deceased from March 17th 1908 to March 24th 1908 that I last saw her alive on March 23rd 1908, and that death occurred, on the date stated above, at 9-20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Chronic Rheumatism

(DURATION) DAYS

(Signed) J. H. Hyde M.D.

Address 3050 N. North ave

Date March 24th 1908

Place of Burial Greenmount Cemetery

Date March 26th 1908

Undertaker Stuart & Mowery Co

Address 215 and 217 Park ave

WM. J. C. DULANY CO., BALTIMORE.

for removal to 1730 W. Lexington st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1707 Woodyear Place St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name George Joseph Lubbe

{ Residence, if in Baltimore, Give Street and Number. } 1707 Woodyear Place

Duration of Residence in Baltimore. 6 mo C10739

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sep 8 1907

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Clarance J. Lubbe

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Lubbe

(Address) 1707 Woodyear St

Filed March 24 1908

BARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 23 1908

I HEREBY CERTIFY, That I attended deceased from March 15 1908 to March 22 1908 that I last saw h[illegible] alive on March 22 1908, and that death occurred, on the date stated above, at 4.0 a.m.

M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) ..... DAYS

Con'ributory (Primary)

(DURATION) ..... DAYS

(Signed) J. Thomas Nelson M.D.

Address 120 N. Stricker St

Date March 23 1908

Place of Burial Hampstead Carroll Co Md

Date March 25 1908

Undertaker Jos B Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C10740 Registered No. B 81

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Towles

{Residence, if in Baltimore, Give Street and Number.} Garrow Point Md.

Duration of Residence in Baltimore. ——

PERSONAL AND STATISTICAL PARTICULARS

SEX Mal | COLOR Colored

DATE OF BIRTH 1

AGE 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Payton Towles

(Address)

Filed March 24 "08

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch. 24 1908

I HEREBY CERTIFY, That I attended deceased from Mch 24 1908 to Mch 24 1908

that I last saw h in alive on Mch 24 1908

and that death occurred, on the date stated above, at 5 30 a m. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) DAYS

Contributory (Primary.) Arterial-Sclerosis

(DURATION) DAYS

(Signed) W. M. Loane M.D.

Address Md. Gen Hosp.

Date 3-24 1908

Place of Burial Laurel Mont

Date Mar 25th 1908

Undertaker Alex Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10741 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1407 Mt Royal ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Eliza Allen.

{ Residence, if in Baltimore, Give Street and Number. } As above

Duration of Residence in Baltimore. about two months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 1827

AGE: 80 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Orange Co Va

FULL NAME OF FATHER: Jos Atkins

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Atkins

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas D Hubbard

(Address) 1407 Mt Royal ave

Filed March 24 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 23 1908

I HEREBY CERTIFY, That I attended deceased from March 23 1908 to March 23 1908 that I last saw her alive on March 23 1908, and that death occurred, on the date stated above, at 11.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris.

a few hours (DURATION) ..... DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) Last hour

(Signed) E. J. Cole, M.D.

Address 1534 Mt Royal ave

Date March 24 1908

Place of Burial Orange Co Va

Date March 26 — 1908

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C10742 Registered No. B

CERTIFICATE OF DEATH.

Place of Death.) No. Hotel Cromwell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 11

Full Name Mike Falb

{ Residence, if in Baltimore, Give Street and Number. } Fayette North Carolina

Duration of Residence in Baltimore. Non-resident

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 38 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " do

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " do

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Summerfeld

(Address) 2114 McCulloh St City

Filed March 25 " 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190[illegible],

and that death occurred, on the date stated above, at [illegible] A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

..... (DURATION) ..... DAYS

Contributory (Primary.) None that is known (DURATION) ..... DAYS

(Signed) Benj. Dettaydem M.D. Coroner

Address 1216 N Caroline St

Date March 24 1908

Place of Burial Greenmount Cem

Date March 26th " 1908

Undertaker ~~Wm. Wroe~~ H Jacob Thrun Co

Address ~~216~~ Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CLASSIFICATION OF DISEASES.

I. GENERAL DISEASES.

(A.) Epidemic diseases.

1. Typhoid fever
2. Exanthematic typhus
3. Relapsing fever
4. Malarial fever

74. Other diseases of nervous system
75. Diseases of the eye and its adnexa
76. Diseases of the ear

III. DISEASES OF THE CIRCULATORY SYSTEM

VII. CHILDBIRTH.

134. Accidents of pregnancy
135. Puerperal hemorrhage
136. Other accidents of labor
137. Puerperal septicemia
138. Puerperal convulsions
139. Puerperal phlegmasia alba dolens

C. 10. 7442

State of Maryland, City of Baltimore, ss:

I hereby certify that on this 20th day of April, 1908, before me, a Notary Public, of the State in and for the City of Baltimore aforesaid, personally appeared Benjamin S. Hayden, Coroner, and made oath in due form of law that in filling up certificate to proof of death of Mike Folb he inadvertently inserted "Fayette" instead of Fayetteville in said certificate.

Benj. S. Hayden, M.d.
Coroner.

Sworn and subscribed to before me this 20th day of April 1908.

Harry L. Haase
Notary Public.

63. Other diseases of spinal cord
64. Apoplexy
65. Softening of brain
66. Paralysis
67. General paralysis of insane
68. Other forms of mental disease
69. Epilepsy
70. Convulsions (nonpuerperal)
71. Convulsions of children
72. Tetanus
73. Chorea

organs
127. Metritis
128. Uterine hemorrhage (nonpuerperal)
129. Uterine tumor (noncancerous)
130. Other diseases of uterus
131. Ovarian tumors
132. Diseases of tubes; Other diseases of female genital organs
133. Nonpuerperal diseases of the breast (cancer excepted)

XIV. ILL-DEFINED DISEASES.

177. "Dropsy"
178. Sudden death
179. Heart failure; Inanition (over 3 months); Debility (over 3 months); Marasmus (over 3 months); Fever; Other ill-defined diseases; Unknown

deceased, and the ***cause and date of death.***

full name, sex, age, condition (whether married or single) of the person

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 207 N. Pearl Street St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Concetta Cerniglia

{Residence, if in Baltimore, Give Street and Number.} 207 N. Pearl Street

Duration of Residence in Baltimore. Lifetime C10743

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 20 June 1906

AGE: 2 years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: Salvatore Cerniglia

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Angela Liberto

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Salvatore Cerniglia

(Address) 207 N Pearl St

Filed 3/15 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 24 March 1908

I HEREBY CERTIFY, That I attended deceased from 15 March 1908 to 24 March 1908 that I last saw h— alive on 24 March 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Joseph Barranco M.D.

Address 204 N. Greene St.

Date 190

Place of Burial St Vincent Cemetery

Date March 25 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

C10744

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1937 Herbert St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Otis J. Gilbert

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May (Month) 4th (Day) 1866 (Year)

AGE 41 years, 10 months, 20 days.

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Ludlow Gilbert

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Mary Gilbert

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Stone Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maggie Gilbert

(Address) 1937 Herbert St.

Filed 3/25 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 14th 1908 to Mch 24th 1908

that I last saw h~~is~~ alive on Mch 24th 1908,

and that death occurred, on the date stated above, at 10.20 ~~P~~ A. M. The CAUSE OF DEATH was as follows:

Valvular disease of heart

Fatal Familial Pain (DURATION) 6 mo.

Contributory Dropsy & Weakness of heart (DURATION) 5 to 6 Weeks ~~DATE~~

(Signed) E. A. Smith M. D.

Mch 24 1908 (Address) 1605 N. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: March 26 1908

UNDERTAKER: Jos. Jacobs & Son | ADDRESS: 217 S. Pace St

Ward 9 C16745 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Thomas

{Residence, if in Baltimore, Give Street and Number.} 1204 Jefferson Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Jan 19th 1895

AGE: 13 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John W Thomas

BIRTHPLACE OF FATHER (State or country): Easton Md

MAIDEN NAME OF MOTHER: Geogeana Bush

BIRTHPLACE OF MOTHER (State or country): Eastern Shore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estella Davis

(Address) 1204 Jefferson St

Filed 3/25 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23 1908

I HEREBY CERTIFY, That I attended deceased from March 21 1908 to March 23 1908 that I last saw her alive on March 23 1908 and that death occurred, on the date stated above, at 9 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

General Peritonitis-
-Secondary

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date March 24th 1908

Place of Burial Whittman Md

Date Mar 26th 1908

Undertaker Chas G. Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 6 10746 Registered No. B 6 10746

CERTIFICATE OF DEATH.

19.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wojciech Boracki

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum

Duration of Residence in Baltimore. ——— Boracki

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: ..... 1 .....

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Poland.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Died 3/25 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March. 23 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 27 1906 to March. 23 1908 that I last saw him alive on March. 23 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dilatation of Heart.

(DURATION) ..... DAYS

Contributory (Primary.) Endo-carditis.

(DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date March. 24 1908

Place of Burial Sacred Heart Cemetery

Date March 25" 1908

Undertaker Chas. F. Evans

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the attending physician, if any shall have attended during his or her last sickness, or the Coroner, if

Ward ..... C10747 Registered No. B C10747

36

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alex Patterson

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lemar Hollyd[illegible]

(Address) ..... BAY VIEW ASYLUM

Filed 3/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 23 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 3 1907 to Mar. 23 1908 that I last saw him alive on Mar. 23 1908, and that death occurred, on the date stated above, at 10.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

..... (DURATION) ..... DAYS

Contributory (Primary.) Syphilis

..... (DURATION) ..... DAYS

(Signed) Robt P. Bay. M.D.

Address Bay View

Date March 24 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 24 1908

Undertaker Geo Thompson

Address 1805½ Hope St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

63

Ward V C16748 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Means

{Residence, if in Baltimore, Give Street and Number.} 1820 Bank St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct. 20 1857

AGE 50 years, 5 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John T. Means.

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Baths

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Addie Cape

(Address) 1820 Bank St.

Filed 3/25 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23, 1908

I HEREBY CERTIFY, That I attended deceased from March 22 1908 to March 23 1908 that I last saw him alive on March 23 1908, and that death occurred, on the date stated above, at 8.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease -
uraemia coma

(DURATION) 1 DAYS

Contributory (Primary.) Bright's disease

(DURATION) DAYS

(Signed) Georgiana Wroth, M.D.

Address Union Prot. Infy.

Date March 23, 1908

Place of Burial Mt. Carmel Cemetery

Date March 25 1908

Undertaker H. Sauber & Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C10749 Registered No. B C10749

CERTIFICATE OF DEATH.

(Place of Death.) No. 611 S. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name annie Catherine Suter

{Residence, if in Baltimore, Give Street and Number.} 611 S. Wolfe St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 16½ 1873

AGE: 35 years, — months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Suter

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Rinbach

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fries

(Address) 611 S. Wolfe St.

Filed 3/25 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: mch 25 1908

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to mch 25, 1908

that I last saw h[illegible] alive on mch 24 1908 at 3:45

and that death occurred, on the date stated above, at [illegible] A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

about 6 Mo (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) 7 DAYS

(Signed) Geo Stellar M.D.

Address 1937 Gough St

Date mch. 25, 08 1908

Place of Burial Oak Lawn Cemetery

Date March 27th 1908

Undertaker F. Sanders & Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C10750 Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 535 W. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Aloysius Thompson.

{Residence, if in Baltimore, Give Street and Number.} 535 W. Biddle St

Duration of Residence in Baltimore. 18 months C10750

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Afr-Am

DATE OF BIRTH 1882 1

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) St. Marys Co., Md.

FULL NAME OF FATHER Howlin Moore

BIRTHPLACE OF FATHER (State or country) St. Marys Co., Md.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) St. Marys Co., Md.

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aloysius Thompson

(Address) 535 W. Biddle St.

Filed 3/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3/24 1908

I HEREBY CERTIFY, That I attended deceased from 3/1 1908 to 3/24 1908 that I last saw h[illegible] alive on 3/23 1908, and that death occurred, on the date stated above, at 5.0[illegible] A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Angina

Three years (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mod. Ave

Date 3/24 1908.

Place of Burial St Peters

Date March 26th 1908

Undertaker Clarence Wright

Address 1364 Maryland

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C10751 Registered No. B

CERTIFICATE OF DEATH.

93

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Robinson

{Residence, if in Baltimore, Give Street and Number.} 12 S. Bethel St.

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/25 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 1908

I HEREBY CERTIFY, That I attended deceased from March 17 1908 to March 18 1908 that I last saw h[illegible] alive on March 8 1908, and that death occurred, on the date stated above, at 12.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. W. McClough M. D.

Address Johns Hopkins Hospital

Date March 18 1908

Place of Burial Asbury Cem

Date March 25th 1908

Undertaker Wm G Jackson

Address 1421 N Gilmor St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Morgue

Ward 9 C10752 Registered No. B .....

CERTIFICATE OF DEATH. 109

(Place of Death.) No. 1008 E. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Paul Abraham.

{Residence, if in Baltimore, Give Street and Number.} 1008 E. Balto St.

Duration of Residence in Baltimore. 26 yrs. C10752

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Ezikiel Abraham

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rachael

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Shelly Kaufman

(Address) 1008 E. Balto. St.

Filed 3/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25th 1908

I HEREBY CERTIFY, That I attended deceased from March 22 1908 to March 25th 1908

that I last saw h[illegible] alive on March 25th 1908

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of bowels

& Thickening which

Lasted 2 days with below

in Intestines (DURATION) 4 DAYS

Con'tributory (Primary) Excessive Use

of Purgative Medicine (DURATION) 6 DAYS

(Signed) Edward [illegible] M.D.

Address 208 Aisquith

Date March 25th 1908

Place of Burial Hebrew Henrietta Rum Cemetery

Date Mar. 25 1908

Undertaker Max Levinson

Address 620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C10753

CERTIFICATE OF DEATH.

95

(Place of Death.) No. 281 N Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Esther Fisher

{Residence, if in Baltimore, Give Street and Number.} 281 N Exeter

Duration of Residence in Baltimore. 3½ yrs C10753

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 32 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Garrison Sukolski

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Katie Sukolski

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs D Feinstein

(Address) 267 N Exeter St

Filed 3/25 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1908

I HEREBY CERTIFY, That I attended deceased from March 25 1908 to March 25 1908

that I last saw h alive on March 25 1908,

and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Congestion

2 days (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. F. Blake M.D.

Address 1523 E Balto

Date March 25 1908

Place of Burial Holbrun Boundary Cemetery

Date Mar - 25, 1908

Undertaker Mah Levinson

Address 1628 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

171

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C16754

Registered No. B.....

City of Baltimore, (No. 1041 N Durham St.; 7 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hunbry H. Winston

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: June (Month) 12 (Day) 1902 (Year)

AGE: 5 years, 9 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ?

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Winston

BIRTHPLACE OF FATHER (State or country): Goochland Co. Va

MAIDEN NAME OF MOTHER: Elenie Dorsey

BIRTHPLACE OF MOTHER (State or country): Ft. Mumps Co. Md.

OCCUPATION OF DECEASED: ?

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Winston

(Address) .....

Filed 3/25 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 23 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 21st 1908 to March 23 1908 that I last saw him alive on March 22 1908, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Abdominal Dropsy

one month (DURATION) DAYS

Contributory .....

(DURATION) DAYS

(Signed) Geo W. Simpson M. D.

March 26 1908 (Address) 026 W. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Lawlawny — DATE OF BURIAL: March 25 1908

UNDERTAKER: R. St. G. Mead — ADDRESS: 320 Rose

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1937 W. Pratt St. St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name William Lynn

{Residence, if in Baltimore, Give Street and Number.} 1937 W. Baltimore St

Duration of Residence in Baltimore. 30 Years C 10755

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Feb 22 1824

AGE 84 years, 1 months, 2 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ohio

FULL NAME OF FATHER James Lynn

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Isabelle Sheppard

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Live Stock Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Marguerite A Lynn

(Address) 1937 W Pratt St

Filed 3/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24, 1908

I HEREBY CERTIFY, That I attended deceased from March 19, 1908 to March 24 1908 that I last saw h[illegible] alive on Mar 23 1908, and that death occurred, on the date stated above, at 12 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James Bosley M.D.

Address Westerville

Date March 24. 1908

Place of Burial Westerville Ohio

Date March 25 1908

Undertaker J. B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward. Autopsy Room. C16756 Registered No. 27

CERTIFICATE OF DEATH.

(Place of Death.) No. St Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. Emma Frances Barons.

{Residence, if in Baltimore, Give Street and Number.} Balto md.

Duration of Residence in Baltimore. 62 yrs. Baltimore

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 15 1845

AGE: 62 years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore md.

FULL NAME OF FATHER: — Johnson

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Emily Johnson

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mabel E. Barons

(Address) Mt Washington

Filed 3/25 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 24 1908

I HEREBY CERTIFY, That I attended deceased from Jan 4th 1908 to March 24 1908 that I last saw her alive on March 24 1908, and that death occurred, on the date stated above, at 10.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) H. V. Dorsey M.D.

Address St. Luke's Hospital

Date March 24 1908

Place of Burial Loudon Park cemetery

Date March 27 1908

Undertaker Wilbur W Shriver

Address 716 Fremont ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B C10757

CERTIFICATE OF DEATH. 14

(Place of Death.) No. 1328 N Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David King

{Residence, if in Baltimore, Give Street and Number.} 1328 N. Dallas St.

Duration of Residence in Baltimore. 62 years C10757

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Jack. Pa.

FULL NAME OF FATHER: John King

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Straw hat maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louisa P. King

(Address) 1328 N. Dallas St.

Filed 3/25 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 24 - 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 9 - 1908 to Mar. 24 - 1908

that I last saw him alive on Mar. 23 - 1908, 2 30

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Aortic insufficiency

2 or 3 years (DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st

Date March 24 - 1908

Place of Burial Mt. Olivet Cemetery

Date March 26 1908

Undertaker Henry Hoeck & Son

Address 201 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward C10758

CERTIFICATE OF DEATH.

24

(Place of Death.) No. 1509 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph A. Krein

{Residence, if in Baltimore, Give Street and Number.} 1509 E. Chase St

Duration of Residence in Baltimore. Life Time C10758

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 5 1859

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Krein

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Volk.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Clothing Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Krein

(Address) 1509 E. Chase St.

Filed 3/25 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23th 1908

I HEREBY CERTIFY, That I attended deceased from Mch 3d 1908 to March 23d 1908

that I last saw h.. alive on March 23 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Basilar Meningitis

(DURATION) 20 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Edward Kuttner M.D.

Address 20 E. Eutaw

Date March 25th 1908

Place of Burial Holy Redeemer Cem

Date March 27 1908

Undertaker A. Fink & Son

Address 910 W. Lay St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C10759 Registered No. 5

CERTIFICATE OF DEATH.

(Place of Death.) No. 872 Pierce St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella James

{ Residence, if in Baltimore, Give Street and Number. } 872 Pierce St

Duration of Residence in Baltimore. 37 years - C10759

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Howard Co Md.

FULL NAME OF FATHER: Louis Matthews.

BIRTHPLACE OF FATHER (State or country): Howard Co Md

MAIDEN NAME OF MOTHER: Julia Anthony.

BIRTHPLACE OF MOTHER (State or country): Eastern Shore Md.

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Frederick James

(Address) 872 Pierce St

Filed 3/26 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24th 1908

I HEREBY CERTIFY, That I attended deceased from April 1906 to March 24 1908 that I last saw her alive on March 20 1908, and that death occurred, on the date stated above, at 12 15 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus

Duration 2 years -

(DURATION) DAYS

Contributory (Primary) Pyaemia

and Complications (DURATION) DAYS

(Signed) Samuel A Bair M.D.

Address 619 W Biddle

Date March 25th 1908

Place of Burial Mt Auburn Cemetery

Date March 27th 1908

Undertaker Felix B Pyse.

Address 102 E Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 1 C10760 Registered No.

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 2012 Hilkens Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jesse C. Landenschlager

{ Residence, if in Baltimore, Give Street and Number. } 2012 Hilkens Ave

Duration of Residence in Baltimore. Lifetime C10760

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 16th 1851

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER William J Landenschlager

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Dorothea Kuerd

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank Landenschlager

(Address) 2012 Hilkens Ave

Filed 3/25 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23rd 1908

I HEREBY CERTIFY, That I attended deceased from March 23 1908 to March 23 1908

that I last saw h... alive on March 2nd 1908,

and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) C. Baum M.D.

Address 2017 Hilkens Ave

Date March 24th 1908

Place of Burial Loudon Park

Date ..... 190...

Undertaker J. Elmer Co

Address 754 N Eutaw St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. ....

CERTIFICATE OF DEATH. 10

(Place of Death.) No. 141 N. Montford Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Paul J. Beyer.

{ Residence, if in Baltimore, Give Street and Number. } 141 N. Montford ave C10761

Duration of Residence in Baltimore. 28 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 65 years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany. —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Shoemaker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augusta H. Beyer

(Address) 141 N. Montford ave

Mar 25 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24th 1908

I HEREBY CERTIFY, That I attended deceased from Jan'y 7 1908 to March 24 1908

that I last saw h— alive on March 24 1908

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia.

Had La Grippe 3 weeks

Followed by Bronchitis

Pneumonia (DURATION) 6 DAYS

Con'tributory (Primary.) La Grippe

Three weeks (DURATION) — DAYS

(Signed) H. O. Reinicke M.D.

Address 116 S Broadway

Date March 25th 1908

Place of Burial Mt. Carmel. ✓

Date Thursday. March 26 1908

Undertaker Wm. Good & Co. —

Address 502 E. Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 Registered No. B

CERTIFICATE OF DEATH. 48

(Place of Death.) No. 1763 N. Gay St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sabastian Frohn

{Residence, if in Baltimore, Give Street and Number.} 1763 N Gay St C10762

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Dont no.

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Frohn

(Address) 1763 N. Gay St

Filed 3/25 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 25th 1908

I HEREBY CERTIFY, That I attended deceased from Mch 16 1908 to Mch 25 1908

that I last saw h im alive on Mch 18 1908,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Inflammatory Rheumatism

Several years (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm J. Watson M.D.

Address 2128 St Paul

Date Mch 25th 1908

Place of Burial Baltimore Cemetery

Date March 28 1908

Undertaker Wm. Cook.

Address 502. E. Northaver

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 10 S. Carlton St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Cornelius Leo Diggins

{Residence, if in Baltimore, Give Street and Number.} 10 S. Carlton St.

Duration of Residence in Baltimore. Life. C10763

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White.

DATE OF BIRTH March 28 1886.

AGE 21 years, 11 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Cornelius J. Diggins

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Cushing.

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Shirtmaker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Fisher

(Address) 10 S. Carlton St

Filed 3/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 10 1908 to March 23 1908 that I last saw h, living alive on March 23 1908, and that death occurred, on the date stated above, at 6.10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Hemorrhage

(DURATION) 1/2 hours

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 43 DAYS

(Signed) M. A. O'Neill M.D.

Address 1315 Hollins St.

Date March 23 1908

Place of Burial Holy Cross Cem.

Date Mar. 26th 1908

Undertaker Geo. A. Inman

Address Bank & Amity Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10764 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 419 Lyon St Boston St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Isio Boston

{Residence, if in Baltimore, Give Street and Number.} 419 Lyon

Duration of Residence in Baltimore. Life C10764

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: C
DATE OF BIRTH: 1	
AGE: 41 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Boston

(Address) 419 Lyon St

Filed 3/26 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1908

I HEREBY CERTIFY, That I attended deceased from a cancer 190 to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia

(DURATION) 3d DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) D Martin M.D.
Coroner

Address ...

Date March 24 1908

Place of Burial St Peters Cem

Date Mch 27 1908

Undertaker R. A. Elliott

Address 516 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10765

City of Baltimore, (No. 409 Mott St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Chaney

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Negro

DATE OF BIRTH Not known 1 (Month) (Day) Year)

AGE 41 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Daniel Markus

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Eliza Robinson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Chaney

(Address) 409 Mott St

Filed 3/26 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 19th 1908 to March 25th 1908 that I last saw her alive on March 24 1908, and that death occurred, on the date stated above, at 7 a.m. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 6 DAYS

Contributory

(DURATION) DAYS

(Signed) John J. Black M. D.

March 25 1908 (Address) 926 E Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Laurel Cem. | DATE OF BURIAL March 28 1908

UNDERTAKER R. A. Elliott | ADDRESS 506 Rogers St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C10765 Registered No. B

CERTIFICATE OF DEATH.

94

(Place of Death.) No. 441 W. Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude A. Hall

{ Residence, if in Baltimore, Give Street and Number. } 441 W. Conway

Duration of Residence in Baltimore. 30 years. C10764

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): Dont know

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country): Dont know

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lee

(Address) 441 W. Conway St

Filed 3/26 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch. 25-a 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 26 1907 to Mch 24 1908

that I last saw her alive on Mch 24 1908,

and that death occurred, on the date stated above, at 4.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Pleurosy & Bronchitis (DURATION) DAYS

Contributory (Primary.) 5

(DURATION) DAYS

(Signed) O. L. Mackrell M.D.

Address 502 S. Paca St

Date Mch. 25- 1908

Place of Burial Laurel Cem

Date Mch 28. 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... C10767

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 442 S. Parrish st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Rosenberger

{ Residence, if in Baltimore, Give Street and Number. } 442 S. Parrish st.

Duration of Residence in Baltimore... 58 Year C10767

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " " ~

MAIDEN NAME OF MOTHER: " " ~

BIRTHPLACE OF MOTHER (State or country): " ~ ~

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Deeble

(Address) 442 S Parrish.

Filed 3/26 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24th 1908

I HEREBY CERTIFY, That I attended deceased from March 9th 1908 to March 24 1908 that I last saw her alive on March 24 1908, and that death occurred, on the date stated above, at 11.40 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of Heart.

a last Six Months (DURATION) ... DAYS

Contributory (Primary.) Prostration

(DURATION) 14 DAYS

(Signed) Chas L. Duddenholn M.D.

Address 418 S. Paca st

Date March 26th 1908

Place of Burial Holy Redeemer

Date 3/28 1908

Undertaker Wm J Schilling

Address 9 S. C Pop[illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C10768 Registered No. B .....

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CERTIFICATE OF DEATH.

(Place of Death.) No. 2438 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Valentine Voglein

{ Residence, if in Baltimore, Give Street and Number. } 2438 E. Monument St

Duration of Residence in Baltimore. Life C10768

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1855

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Francis A. Voglein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Edelman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G. Bickner

(Address) 2438 E. Monument St

Filed 3/26 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 18th 1908 to March 25th 1908 that I last saw him alive on March 25th 1908, and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma
intestines

approx (DURATION) 4 mos DAYS

Con'ributory (Primary) Asthenia

(DURATION) ? DAYS

(Signed) L. M. C. Parker M.D.

Address 1051 Aisquith St

Date March 25th 1908

Place of Burial St. Helena

Date Mar 28 1908

Undertaker Robt Turner

Address 1442 N. Gay.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 2921 W North ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francis J. Goldsmith

{Residence, if in Baltimore, Give Street and Number.} 2921 W. North ave

Duration of Residence in Baltimore. 44 Years. C 10769

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 4th 1859

AGE 48 years, 8 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Mississippi

FULL NAME OF FATHER Robt H. Goldsmith

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Hannah C. Lewis

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. H. Goldsmith

(Address) 602 American Bldg

Filed 3/26 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25th 1908

I HEREBY CERTIFY, That I attended deceased from March 17th 1908 to March 25th 1908

that I last saw him alive on March 25th 1908,

and that death occurred, on the date stated above, at 2.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 8 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. H. Zapp M.D.

Address 3050 W North ave

Date March 25th 1908

Place of Burial New Cathedral

Date Mar 27 1908

Undertaker Robt J. Stamm

Address 1542 N. Gay.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10770

City of Baltimore, (No. 2126, Oak St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H. C. Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April (Month) (Day) 1843 (Year)

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: Rev Henry Williams

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Priscilla E Chew

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos J C Williams

(Address) 1726 N Calvert st

Filed 3/26 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar (Month) 24th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 24 1908 to Mar 24 1908 that I last saw h[illegible] alive on Mar 24 1908, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Pulmonary congestion and Edema, Few hours (DURATION) ... DAYS

Contributory ... (DURATION) ... DAYS

(Signed) W H Pearce M. D.

Mar 25 1908 (Address) 705 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ✓ Days

Where was disease contracted, If not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: March 27 1908

UNDERTAKER: E M Mitchell — ADDRESS: 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 Registered No. B C16771

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Schaffer

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf Asy

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH Feb 14 1908

AGE ..... years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF;

(Informant) St. Vincents Infl. Asy.

(Address)

Filed 3/26 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to 3/24 1908

that I last saw her alive on " 23 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. S. Fischer M.D.

Address 9.6. Biddle St.

Date March 24 1908

Place of Burial New Cathedral

Date March 26 1908

Undertaker Martin Fahey and Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 Registered No. B C16772

C16772

CERTIFICATE OF DEATH. C16772

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Blanch Wilson

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address)

Filed 3/26 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 23 1908

that I last saw h[illegible] alive on " " 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. E. Fowler M.D.

Address J. E. Biddle Jr.

Date March 24 1908

Place of Burial Mount Cathedral

Date March 25 1908

Undertaker Martin Lahey and Son

Address 186 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when no case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C10773 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francis Regis Miller

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Feb. 14 1908

AGE ..... years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asy

(Address)

Filed 3/26 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 23 1908

that I last saw him alive on " " 1908

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fisher M.D.

Address 9-6. Biddle St

Date March 24 1908

Place of Burial New Cathedral

Date March 25 1908

Undertaker Martin Feehan & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

CERTIFICATE OF DEATH.

79

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name John Hampton

{ Residence, if in Baltimore, Give Street and Number. } Lexington & Frederick Sts

Duration of Residence in Baltimore. Life C 10774

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: .....1.....

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/26 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 20 1908

I HEREBY CERTIFY, That I attended deceased from Dec 3 1907 to March 20 1908

that I last saw him alive on March 20 1908,

and that death occurred, on the date stated above, at 10 45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Myocarditis —

(DURATION) ..... DAYS

Contributory (Primary.) Aortic & mitral insuf. & stenosis (DURATION) ..... DAYS

(Signed) P. M. Clough M.D.

Address Johns Hopkins Hosp

Date March 21 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAR 25 1908 190....

Undertaker Commissioner Health. Per. Wm. E. WOODALL

Address .....

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

63

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 438 W Hoge St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Moran

{ Residence, if in Baltimore, Give Street and Number. } 438 W Hoge ST

Duration of Residence in Baltimore.....

C 10775

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: — 1842

AGE: 66 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Mich Churchill

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Clements

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Moran

(Address) 438 W Hoge

Filed 3/26 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24th 1908

I HEREBY CERTIFY, That I attended deceased from March 18th 1908 to March 24th 1908

that I last saw her alive on March 24th 1908,

and that death occurred, on the date stated above, at 6 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Stomach

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. J. O'Donnell M.D.

Address 1340 Charles St.

Date March 26th 1908

Place of Burial St. Patricks

Date Mar 27 1908

Undertaker P. J. Falvey

Address 432 William

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. C10776

1500

CERTIFICATE OF DEATH.

(Place of Death.) No. 1004 East Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Chaney

{Residence, if in Baltimore, Give Street and Number.} 1004 East Ave

Duration of Residence in Baltimore..... Life C10776

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 8 1906

AGE 1 years, 4 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Chaney

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Agnes Tucker

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Chaney

(Address) 1004 East Ave

Filed 3/26 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1908

I HEREBY CERTIFY, That I attended deceased from Feb 13 1908 to March 25 1908

that I last saw h alive on " 16 1908,

and that death occurred, on the date stated above, at 4 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Hydrocephalus

Liver (DURATION) 3 1/2 DAYS

Contributory (Primary) Congenital Hydrocephalus (DURATION) 3 1/2 DAYS

(Signed) H L Reikard M.D.

Address 930 S Canton Ave

Date March 25 1908

Place of Burial Mt Carmel Cemetery

Date March 26" 1908

Undertaker H. Dauber Sons

Address 170 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 905 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Magdalena Adams —

{Residence, if in Baltimore, Give Street and Number.} 905 Eastern Ave

Duration of Residence in Baltimore. 60 yrs C 10777

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	June 18 1827
AGE	80 years, 9 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Philip Jacob
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Schon

(Address) 905 Eastern Ave

Filed 3/26 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3 — 1908 to March 24 1908

that I last saw h or alive on 11 24 1908,

and that death occurred, on the date stated above, at 2 15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Senility

Bronchio-Pneumonia

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Rupert Brune M.D.

Address 175 E Biddle

Date March 24 1908

Place of Burial Baltimore Cemetery

Date March 27 1908

Undertaker A. Snyder Road

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

150

(Place of Death.) No. 945 N. Castle St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Child of Fred D & Olive H Dunbar.

{ Residence, if in Baltimore, Give Street and Number. } 945 N Castle St

Duration of Residence in Baltimore.....

Liber C 10778

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH March 22 1908

AGE X years, X months, 3 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Fred D. Dunbar

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Olive H Bean

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred D. Dunbar

(Address) 945 N. Castle St

Filed 3/26 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 25 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 530 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Malformation of Heart

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Fred K Carnell M.D.

Address Coroners Office

Date Mar 26 1908

Place of Burial Trinity Cem

Date March 26 1908

Undertaker A Sandu Sons

Address Broadway & Baltimore St

WM. J. C. DULANY CO., Baltimore.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 276 Hickory Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida B Shoemaker

{Residence, if in Baltimore, Give Street and Number.} 276 Hickory Ave

Duration of Residence in Baltimore. 22 yrs

C10779

PERSONAL AND STATISTICAL PARTICULARS	
SEX	female
COLOR	White
DATE OF BIRTH	April 14th 1881
AGE	26 ~~27~~ years, 11 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Carroll Co. Md
FULL NAME OF FATHER	Amos N. Ruby
BIRTHPLACE OF FATHER (State or country)	Carroll Co.
MAIDEN NAME OF MOTHER	Sarah Martin
BIRTHPLACE OF MOTHER (State or country)	Balto Co Md
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard L Shoemaker

(Address) 276 Hickory Ave

Filed 3/26 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	March 26th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 7th 1908 to March 26th 1908 that I last saw h er alive on March 25th 1908, and that death occurred, on the date stated above, at 6.30 a m. CAUSE OF DEATH (Secondary or Immediate)

General Depression & Collapse

(DURATION) 10 DAYS

Contributory (Primary.) Pleurisy & Emphysema (DURATION) 3½ mos DAYS

(Signed) Geo W Feddeman M.D.

Address 800 N Ave

Date March 26th 1908

Place of Burial St., Mary's Hampden

Date March 29th 1908

Undertaker Wm. E Ehrenwerth & Son

Address 919- Third ave. Hampden

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. D

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 1904 N. Kennedy Av St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Sarah E. Henderson

{Residence, if in Baltimore, Give Street and Number.} 1904 N Kennedy Av

Duration of Residence in Baltimore.....

C/0780

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 3rd 1836

AGE: 71 years, 5 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Benj. Start

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary A. Gusor. ~~Sarah E Start~~

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John S. Cole Balto. Md.

(Address) 1904 Kennedy Ave.

Filed 3/26 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch 25th 1908

I HEREBY CERTIFY, That I attended deceased from Mch 9 1908 to Mch 25 1908

that I last saw her alive on Mch 25 1908,

and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old Age

+ Bronchitis (chronic)

(DURATION) DAYS

Con'tributory (Primary) Mental shock due to daughter's recent death (DURATION) DAYS

(Signed) Wm J. Watson M.D.

Address 2128 St Paul

Date Mch 25 1908

Place of Burial Balto Cem.

Date Mch 27 1908

Undertaker W. M. Cook

Address 502 E Fort Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

150

CERTIFICATE OF DEATH.

Registered No. B C10781

City of Baltimore, (No. 1305 N Fulton ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josephine Eirley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: March (Month) 20 (Day) 1908 (Year)

AGE: — years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 1305 N Fulton ave

FULL NAME OF FATHER: John allen Eirley

BIRTHPLACE OF FATHER (State or country): Newcastle Pa

MAIDEN NAME OF MOTHER: Mabel Dreubel

BIRTHPLACE OF MOTHER (State or country): Martinsburg W. Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joshua a. Eirley.

(Address) 1305. N. Fulton ave

Filed 3/26 1908

HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to March 25 1908 that I last saw her alive on March 24 1908, and that death occurred, on the date stated above, at 3.30 P. M. The CAUSE OF DEATH was as follows:

Congenital Heart Disease

(DURATION) 5 DAYS

Contributory

(DURATION) 5 DAYS

(Signed) Elva Pallack M. D.

March 25 1908 (Address) 315 Professional Bldg

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Martinsburg W. Va

DATE OF BURIAL: 27 1908

UNDERTAKER: Wm. Cook.

ADDRESS: 502. E. Monument

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 Registered No. C10782

CERTIFICATE OF DEATH.

(Place of Death.) No. 116 S. Arlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fredericka Hartman

{Residence, if in Baltimore, Give Street and Number.} ~~Life time~~ 116 S. Arlington Ave

Duration of Residence in Baltimore. Life time C10782

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: white
DATE OF BIRTH: August 20 1834	
AGE: 73 years, 7 months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Frederick Hartman	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Frederick Stozel	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Goerdens

(Address) 217 S. Pine

Filed March 26" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26th 1908

I HEREBY CERTIFY, That I attended deceased from Mch. 20 1907 to Mch 25 1908 that I last saw h er alive on Mch. 25 1908, and that death occurred, on the date stated above, at 10.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

4 Yrs 5 Mos (DURATION) DAYS

Con'tributory (Primary) Anaemia

2 Mos (DURATION) DAYS

(Signed) R. A. Warner M.D.

Address 873 W Lombard

Date Mch. 26 1908

Place of Burial Mt Olivet Cem

Date March 28 1908

Undertaker Jos. Goerdens. Son

Address 217 S. Pine

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

41

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 6/0783

City of Baltimore, (No. 1813 Madison Avenue St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hannah Bendann

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 1 (Month) 2L (Day) 1838 (Year)

AGE: 70 years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Sabrik Bendann

BIRTHPLACE OF FATHER (State or couutry): Prussia Duchy of Posen

MAIDEN NAME OF MOTHER: Pauline Pikelsinger

BIRTHPLACE OF MOTHER (State or country): Breslau, Prussia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Bendann

(Address) 1813 Madison Av

Filed 5/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 25th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 24th 1908 to March 25th 1908 that I last saw h er alive on March 25th 1908, and that death occurred, on the date stated above, at 2 P — M. The CAUSE OF DEATH was as follows:

Intestinal Obstruction

(Carcinoma of intestine?)

(DURATION) 17 DAYS

Contributory —

(DURATION) DAYS

(Signed) Louis P Hamburger M. D.

March 26 1908 (Address) 1716 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Christ Church — DATE OF BURIAL: March 27 1908

UNDERTAKER: Dan'l Goodheim — ADDRESS: 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

80

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Paton

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. C10784

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: W.
DATE OF BIRTH: 1832	
AGE: 76 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Ireland	
FULL NAME OF FATHER: David Paton	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: Julia Mc Carthy	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 3/26 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h me alive on no record 190 8,

and that death occurred, on the date stated above, at 8.30

M. CAUSE OF DEATH (Secondary or Immediate.)

Angina pectoris

unknown (DURATION) DAYS

Contributory (Primary.)

Arteria sclerosis (DURATION) unknown DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date March 26 1908

Place of Burial Holy Cross

Date March 27 1908

Undertaker of G. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C10785 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Louis Wm. Schmidt

{Residence, if in Baltimore, Give Street and Number.} 1759 E. Preston st

Duration of Residence in Baltimore. Life C10785

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Nov 30th 1862

AGE: 45 years, 3 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry Schmidt

BIRTHPLACE OF FATHER (State or country): Germ.

MAIDEN NAME OF MOTHER: Elisa Engelmann

BIRTHPLACE OF MOTHER (State or country): Germ

OCCUPATION OF DECEASED: ~~Laborer~~ Paper Hanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, BAY VIEW ASYLUM Supt.

(Address)

Filed 3/26 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 24 1908

I HEREBY CERTIFY, That I attended deceased from Feb 4 1908 to March 24 1908 that I last saw him alive on March 24 1908, and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. O. Bay Jr. Balto M.D.

Address Bay View Asylum

Date March 25 1908

Place of Burial London Park Cem

Date March 27th 1908

Undertaker C. Schlosman & Son

Address 183 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 642 George St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Roberts

{Residence, if in Baltimore, Give Street and Number.} 642 George St

Duration of Residence in Baltimore. Life. C 1078

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored.

DATE OF BIRTH 1

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Augustus Roberts.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Elizabeth Brooks

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Poultry Dealer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Agnes Roberts

(Address) 642 George St.

Filed 3/26 1908

Per M. C. H.

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26th 1908

I HEREBY CERTIFY, That I attended deceased from Mch 22nd 1908 to Mch 26th 1908

that I last saw him alive on Mch 25 1908

and that death occurred, on the date stated above, at 4

a M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia.

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date Mch 26th 1908

Place of Burial Cathedral Cemetery

Date March 28th 1908

Undertaker Felix B Pyse.

Address 1026 Mulberry st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Leo Bailey

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life C 10787

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH About Jan. 24, 1908

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home. Per Mc.M.

Filed 3/26 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 24 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 10 1908 to Mar. 24 1908

that I last saw h alive on Mar. 24 1908,

and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary) Congenital Debility

(DURATION) Life DAYS

(Signed) A C Gillis M.D.

Address 1519 N. Carolina St.

Date Mar. 25, 1908

Place of Burial Cathedral Cemetery

Date March 26th 1908

Undertaker Felix B Lee

Address 102 E. Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1425. Mt. Royal Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cecilia A. Corcoran.

Residence, if in Baltimore, Give Street and Number. 1425. Mt. Royal Ave.

Duration of Residence in Baltimore. 29 Years

C10788

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: 1879

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Michael Corcoran

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Winifred Spellman

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Michael Corcoran

(Address) 1425. Mt. Royal Ave.

Filed 3/26 1908

HARRY C. ANDREWS?
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1908

I HEREBY CERTIFY, That I attended deceased from 1906 to 1908

that I last saw h[illegible] alive on Mar 25 1908,

and that death occurred, on the date stated above, at 3 or 4 a- M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

2 yrs.
(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Harlow M.D.

Address 1009 N Lafayette

Date March 27 1908

Place of Burial St- Peters

Date March- 27- 1908

Undertaker William M. Gawthrop.

Address North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 C10789

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 221 W. Madison St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaretha Busse

{Residence, if in Baltimore, Give Street and Number.} 221 W. Madison St.

Duration of Residence in Baltimore. 18 Months C10789

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR White

DATE OF BIRTH January 25 1855

AGE 53 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) New York N.Y.

FULL NAME OF FATHER Lorenz Metzger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dorothie Müller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rudolf Busse

(Address) 221 Madison St

Filed 3/26 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 25 1908

that I last saw h alive on March 24 1908,

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

3 weeks (DURATION) DAYS

Contributory (Primary.) Carbuncle

3 hours (DURATION) DAYS

(Signed) Newton R Smith M.D.

Address 211 W. Madison St

Date March 25 1908

Place of Burial Loudon Park

Date March 27th 1908

Undertaker New Jenkins Bros Co

Address 300 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

15

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Geo. H. & Dorathea Gantz

{ Residence, if in Baltimore, Give Street and Number. } 2338 Canton Ave

Duration of Residence in Baltimore.... C10790

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Female / COLOR White	DATE OF DEATH March 26th 1908
DATE OF BIRTH March 26th 1908	I HEREBY CERTIFY, That I attended deceased from March 26 1908 to March 26 1908
AGE ... years, ... months, 5 hours ... days	that I last saw her alive on March 26 1908, and that death occurred, on the date stated above, at 8 A. M.
SINGLE, MARRIED, WIDOWED, OR DIVORCED	CAUSE OF DEATH (Secondary or Immediate) Premature birth
BIRTHPLACE (State or country) Baltimore	... (DURATION) ... DAYS
FULL NAME OF FATHER George H. Gantz	Contributory (Primary.) ... (DURATION) ... DAYS
BIRTHPLACE OF FATHER (State or country) Baltimore	(Signed) Charles H. Stubenrauch M.D.
MAIDEN NAME OF MOTHER Dorathea Irving	Address Church Home & Infirmary
BIRTHPLACE OF MOTHER (State or country) Baltimore	Date March 26 1908
OCCUPATION OF DECEASED	Place of Burial Mt Carmel Cem.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Date March 27th 1908
(Informant) Geo. H. Gantz	Undertaker H. Allen Fuller
(Address) 2338 Canton Ave	Address 2013 E Balto St
Filed 3/26 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar	

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

166

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C10791

CERTIFICATE OF DEATH.

Registered No. B ~~C10750~~

City of Baltimore, (No. 2724 N. Charles St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME F. Waters Hall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: September 10th 1838 (Month) (Day) (Year)

AGE: 69 years, — months, — days

~~SINGLE, MARRIED~~ WIDOWED, ~~DIVORCED~~

BIRTHPLACE (State or country): Anne Arundel Co. = Maryland =

FULL NAME OF FATHER: Thomas John Hall

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rachael ~~Hall~~ Waters

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: not any

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lucas Fahrney

(Address) 2918 Evergreen Terrace

Filed 3/26 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 26 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar. 22 1908. to Mar 26 1908.

that I last saw him alive on Mar 26 1908.,

and that death occurred, on the date stated above, at 12½ A. M. The CAUSE OF DEATH was as follows:

Concussion of brain

Caused by slipping on platform

at Broad St station Phila

while running to catch train (DURATION) 4 DAYS

Contributory Fall in R. R. Station

Phila Pa (DURATION) — DAYS

(Signed) W. A. B. Dillman M. D.

Mar 26 1908 (Address) 5E. Biddle St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: March 29 1908

UNDERTAKER: Harry W. Jenkins & Son Co. — ADDRESS: 300 N. Paca St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B.C. [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 2724 N. Charles St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name F. Wallis Hall

{ Residence, if in Baltimore, Give Street and Number. } West Rein. A.A. Co. Mts.

Duration of Residence in Baltimore. Most of his life. C10792

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
DATE OF BIRTH	1
AGE ..... years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26th 1908

I HEREBY CERTIFY, That I attended deceased from

As Coroner 190 to 190

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 12.15 a. M. CAUSE OF DEATH (Secondary or Immediate)

Compression of brain, due to injuries accidentally falling while running for a car on Broad St. Station, on March 21st 08 (DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gibbons M.D.
Coroner

Address 211 N. Lanvale

Date March 26th 1908

Place of Burial Greenmount Cemetery

Date March 27th 1908

Undertaker Hy. W. Jenkins' Sons Co.

Address 306 N. Madison St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Givens

{Residence, if in Baltimore, Give Street and Number.} Jessops Md

Duration of Residence in Baltimore. C10793

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John T. Givens

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. A. Fisher

(Address) Laurel Md,

Filed March 27 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3-25- 1908

I HEREBY CERTIFY, That I attended deceased from 2-4 1908 to 3-25- 1908

that I last saw h[illegible] alive on 3-25- 1908,

and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

4 hrs (DURATION) DAYS

Contributory (Primary.) Pott's disease

— (DURATION) DAYS

(Signed) G W Billups M.D.

Address University Hospital

Date 3-26 1908

Place of Burial Jessops Md

Date March 26 1908

Undertaker Wm. J. McKnew & Son

Address 425 N Carrollton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C10794

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2132 N. Fulton Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sophia D. Rapin

{Residence, if in Baltimore, Give Street and Number.} 2132 N. Fulton Ave

Duration of Residence in Baltimore... 79 years.

C 10794

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 1 1825

AGE 82 years, 10 months, 24 days

~~SINGLE, MARRIED,~~ WIDOW ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER E. Myer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H Fetting

(Address) 2743 St Paul St.

Filed March 27 " 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1908

I HEREBY CERTIFY, That I attended deceased from Sept 2 1907 to March 25 1908

that I last saw her alive on March 24 1908,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) DAYS

(Signed) J. B. Joyce M.D.

Address 1800 W. North ave

Date March 26 1908

Place of Burial Green Mt Cemetery

Date March 27" 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Dr Joyce Fulton & North ave

Ward 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 838 Park ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna King Carey

{ Residence, if in Baltimore, Give Street and Number. } 838 Park ave

Duration of Residence in Baltimore. all life

C10795

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH August-10 1849

AGE 58 years, 7 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Baltimore -

FULL NAME OF FATHER Francis T. King

BIRTHPLACE OF FATHER (State or country) Baltimore Maryland -

MAIDEN NAME OF MOTHER Elizabeth Tabor -

BIRTHPLACE OF MOTHER (State or country) Massachusetts

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. K. Carey -

(Address) 827 Park ave

Filed March 27 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to March 25 1908

that I last saw her alive on March 25 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Metastasis Metastases from Ovarian Carcinoma.

(DURATION) 10 DAYS

Contributory (Primary.) Ovarian Carcinoma (DURATION) 7 Years

(Signed) Warren Buckler M.D.

Address 606 Cathedral St

Date March 26 1908

Place of Burial Loudon Park Cemetery

Date March 27th 1908

Undertaker Stewart & Mowen Co.

Address 215-217 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Debring

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C10796

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 15 1841

AGE 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Frank Debring

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Boerner.

(Address) Baltimore County

Filed March 27 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26th 1908

I HEREBY CERTIFY, That I attended deceased from March 11 1908 to March 26 1908

that I last saw h.im alive on March 26 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Face after Operation

(DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) J. H. Branham M.D.

Address 1201 Eutaw Place

Date March 26th 1908

Place of Burial Arcadia Balt County

Date March 27 1908

Undertaker A. Fink & Son

Address 916 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 530 Brune St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name James Dobson

{Residence, if in Baltimore, Give Street and Number.} 530 Brune St

Duration of Residence in Baltimore. Life C10797

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 79 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marcellus Dobson

(Address) 530 Brune St

Filed 3/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1 1908 to March 26 1908 that I last saw h[illegible] alive on March 24 1908, and that death occurred, on the date stated above, at 6.10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Disease

About 2 mos (DURATION) DAYS

Contributory (Primary.) Dropsy

About 2 mos (DURATION) DAYS

(Signed) [illegible] M.D.

Address 1715 Bank

Date March 26 1908

Place of Burial Mt Auburn

Date March 27 1908

Undertaker R. A. Elliott

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be he duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate etting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1442 Garrett St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Braun

{ Residence, if in Baltimore, Give Street and Number. } 1442 Garrett St

Duration of Residence in Baltimore. always C10798

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 27 1907

AGE 1 years, — months, 27 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) here

FULL NAME OF FATHER Martin Braun

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Anna Jung

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Braun

(Address) 1442 Garrett St

Filed 3/27 1908

Registrar HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26th 1908

I HEREBY CERTIFY, That I attended deceased from March 22d 1908 to March 26th 1908 that I last saw him alive on March 26 1908 and that death occurred, on the date stated above, at 11 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diphtheria (Post-nasal) (DURATION) 7 DAYS

Contributory (Primary.) — (DURATION) DAYS

(Signed) H. Kahn M.D.

Address 1510 E. Fort Ave

Date March 26th 1908

Place of Burial Holy Rood C. H. Co

Date March 29 1908

Undertaker Jos. [illegible]

Address 1518 Light St.

10 A.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lena Brown

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

C 10799

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Col.

DATE OF BIRTH: 1

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 3/27 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 26th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 18 1907 to March 26 1908

that I last saw h-- alive on March 26 1908

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate

Broncho-pneumonia

(DURATION) ..... DAYS

Contributory (Primary.) Psoas abscess

(DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date March 26 1908

Place of Burial Sacred Heart

Date March 27 1908

Undertaker Chas. F. Evans

Address 118 & 120 W. Mt. Royal ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE

(Place of Death.) No. University Hospital St. (If Hospital or Institution give its Name instead of Street and Number)

Full Name Lida Daugherty

{ Residence, if in Baltimore, Give Street and Number. } Christfield Md.

Duration of Residence in Baltimore. 21 10808

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH March 24 1887

AGE 21 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Christfield Md.

FULL NAME OF FATHER Henry Daugherty

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Price

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr M Green

(Address) Christfield Md

Filed 3/27 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1908

I HEREBY CERTIFY, That I attended deceased from March 21 1908 to March 26 1908

that I last saw her alive on March 26 1908

and that death occurred, on the date stated above, at 9:45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute cerebrospinal meningitis

(DURATION) 18 DAYS

Contributory (Primary.) Pneumonia.

(DURATION) DAYS

(Signed) Arthur M Thomas M.D.

Address University Hospital

Date March 27 1908

Place of Burial Christfield Md.

Date March 27 1908

Undertaker ~~W A Hall~~ H C Brannock

Address 58 Appleton St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C10800

Registered No. B.....

City of Baltimore, (No. 1832, Division St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Pauline G. Mansdorfer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug (Month) 15 (Day) 1838 (Year)

AGE: 69 years, 7 months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christian Mansdorfer

(Address) 1832 Division St

Filed 3/27 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 11 1908 to Mar 25 1908

that I last saw her alive on Mar 25 1908,

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) 45 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Chas E. Ladder M. D.

Mar 26 1908 (Address) 1415 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore	March 29 1908
UNDERTAKER	ADDRESS
Geo W Little	531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

Ward C10801 41

CERTIFICATE OF DEATH.

(Place of Death.) No. 205 N Arlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank M Drake

{ Residence, if in Baltimore, Give Street and Number. } 205 N Arlington Ave

Duration of Residence in Baltimore. Life C10801

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: Sept 27 1907

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frank M Drake

BIRTHPLACE OF FATHER (State or country): Connecticut

MAIDEN NAME OF MOTHER: Lennebacker

BIRTHPLACE OF MOTHER (State or country): Connecticut

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank M Drake

(Address) 205 N Arlington Ave

Filed 3/27 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1908

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 60 DAYS

Con'tributory (Primary) Bronchitis

(DURATION) DAYS

(Signed) Strayer Jones M.D.
Coroner Balto

Address

Date March 26 1908

Place of Burial Choptank Md

Date Mar 27 1908

Undertaker Robt M Turner

Address 1XX2 N. Bway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 2118 Chelsea Terrace St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Louisa Ridgely

{Residence, if in Baltimore, Give Street and Number.} 2118 Chelsea Terrace

Duration of Residence in Baltimore. Life C 10802

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 24 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or couutry) Baltimore

FULL NAME OF FATHER John Ridgely

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Elizabeth Ridgely

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Stenographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth K. Ridgely

(Address) 2118 Chelsea Terrace

Filed 3/27 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25th 1908

I HEREBY CERTIFY, That I attended deceased from March 24 1908 to March 25 1908 that I last saw h.. alive on March 25 1908, and that death occurred, on the date stated above, at 11-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Malignant Intercalar Sarcoma

(DURATION) DAYS

Contributory (Primary.) Fat Sarcoma

Intercalar Sarcoma (DURATION) DAYS

(Signed) C. B. Gamble M.D.

Address 2402 N. Bilidelphia

Date March 27th 1908

Place of Burial Loudon Park

Date March 28th 1908

Undertaker Howard Jenkins Undertaking Co.

Address 300 W. Madison

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 816, h Eutaw Street St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ann Maria Horton

{ Residence, if in Baltimore, Give Street and Number. } 816, h Eutaw Street C10803

Duration of Residence in Baltimore. Thirty years & two months

PERSONAL AND STATISTICAL PARTICULARS	
SEX female	COLOR white
DATE OF BIRTH	1832 1
AGE	76 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Roscommon Ireland
FULL NAME OF FATHER	Thomas Horton
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Not known
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert de. Paris

(Address) 816, h Eutaw Street

Filed 3/27 1908

HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 26th March 1908

I HEREBY CERTIFY, That I attended deceased from Jan 12 1908 to Mar 26 1908 that I last saw her alive on Mar 26 1908, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pernicious Pneumonia

2 Wks (DURATION) DAYS

Contributory (Primary.) Myocarditis

2 mos (DURATION) DAYS

(Signed) [illegible] M.D.

Address 16 W Preston

Date Mar 26 1908

Place of Burial Providence R.I.

Date March 27th 1908

Undertaker Holy Cross Mon Co

Address 1300 E Madison St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Homeopathic Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Bessie Webster

{ Residence, if in Baltimore, Give Street and Number. } 552 Oxford St.

Duration of Residence in Baltimore. 5 5 2 Oxford St C 10804

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colord

DATE OF BIRTH: 1

AGE: One years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Thomas Webster

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Edith Davis

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Webster

(Address) 507 Preston St

Filed 3/27 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 24 1908

I HEREBY CERTIFY, That I attended deceased from March 13 1908 to March 24 1908 that I last saw h.. alive on March 24 1908, and that death occurred, on the date stated above, at 6 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Tubercular Meningitis (DURATION) 20 DAYS

(Signed) Geo. R. Jones M.D.

Address 1122 N. Mount St.

Date March 2[illegible] 1908

Place of Burial Mt. Auburn Cem.

Date March 27 1908

Undertaker John H. Toadvine

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 136 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria L. Clemens.

{ Residence, if in Baltimore, Give Street and Number. } 136 N. Wolfe St.

Duration of Residence in Baltimore. Life C10805

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH ..... 1 .....

AGE ..... 1 years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Clements

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Annie Stoecker

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Clements

(Address) 136 N. Wolfe St.

Filed 3/27 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 25- 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 5 1908 to Mar 25 1908 that I last saw h.. alive on Mar 25 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Rectal

(DURATION) 7 mos DAYS

Contributory (Primary.) Cirrhosis

(DURATION) — DAYS

(Signed) G. A. Slade M.D.

Address 1437 N. Eutaw

Date 1908

Place of Burial St. Alphonsus Cem

Date Mar. 27th 1908

Undertaker Trundell Lipford & Co

Address 37 S. Arch St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

CERTIFICATE OF DEATH.

(Place of Death.) No. 4142. 22½ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Braddy

{ Residence, if in Baltimore, Give Street and Number. } Above

Duration of Residence in Baltimore. —

C10806

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH May 15 1862

AGE 45 years, 10 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Calvert Co Md

FULL NAME OF FATHER William Brady

BIRTHPLACE OF FATHER (State or country) Calvert Co

MAIDEN NAME OF MOTHER Dina Whetington

BIRTHPLACE OF MOTHER (State or country) Calvert Co

OCCUPATION OF DECEASED Washwoman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Brugly

(Address) 432 E 23d

Filed 3/27/08 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3, 23 1908

I HEREBY CERTIFY, That I attended deceased from Ashtown 190..

that I last saw h.. alive on .. 190..

and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage in brain
Cause of Collapse + Exhaustion
Result of Asthma 2 years

(DURATION) .. DAYS

Contributory (Primary.)

(DURATION) .. DAYS

(Signed) J. D. Johnson M.D.
Coroner

Address 211 N. Lanvale

Date 3, 25 1908

Place of Burial Plum Pt - Calvert Co Md

Date Mar 28 1908.

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 S. 1 Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Weiner

{ Residence, if in Baltimore, Give Street and Number. } 206 S. 1 Bond St

Duration of Residence in Baltimore. Life Time C10807

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR White

DATE OF BIRTH March 3 2d 1907

AGE ____ years, ____ months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ____

BIRTHPLACE (State or country) 206 S. Bond St Baltimore Md.

FULL NAME OF FATHER Albert Weiner

BIRTHPLACE OF FATHER (State or country) Gorodishen Russia

MAIDEN NAME OF MOTHER Baile Ravinsky

BIRTHPLACE OF MOTHER (State or country) Gorodishen Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ____

(Address) ____

Filed March 3 2d 1908

3/27/08

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27, 1908

I HEREBY CERTIFY, That I attended deceased from March 25 1908 to March 25 1908 that I last saw h eq alive on March 25 1908, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Erysipelas

(DURATION) 3 DAYS

Contributory (Primary.) ____

(DURATION) ____ DAYS

(Signed) H. Flinde M.D.

Address 1119 E. 1 Baltimore

Date March 27 1908

Place of Burial Hebrew Boardale Cemetery

Date March 27, 1908

Undertaker Max Levinson

Address 612 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 244 N Eden St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lena Siegel

{Residence, if in Baltimore, Give Street and Number.} 244 N Eden

Duration of Residence in Baltimore. Life

C 10808

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, ... months, 14 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jacob Siegel

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Minnie Schine

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Hymen

(Address) 244 N. Eden st

Filed 3/27 1908

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1908

I HEREBY CERTIFY, That I attended deceased from March 24 1908 to March 26 1908

that I last saw her alive on March 25 1908

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulm. Congestion

(DURATION) DAYS

Con'ributory (Primary.) Fractured Intumescence

(DURATION) DAYS

(Signed) B. F. Block M.D.

Address 1122 E Balt

Date March 26 1908

Place of Burial Hebrew Boordale Cemetery

Date Mar. 27, 1908

Undertaker Mert Kenner

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10809

City of Baltimore, (No. 2020, Madison Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henrietta Freeman

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	June 10th 1830 (Month) (Day) (Year)
AGE	77 years, 9 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Leon Hartman
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Regina Hartman
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Freeman

(Address) 2020 Madison Av

Filed March 27 1908

HARRY O. ANDREWS, Registrar

HARRY O. ANDREWS,
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 11 1908 to March 25 1908 that I last saw h[er] alive on March 25 1908, and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Spasm of Coronary Heart
from Pneumonia

a few minutes (DURATION) 2 DAYS

Contributory Pneumonia, (lobar)
acute (DURATION) 6 DAYS

(Signed) Joseph Eichner M. D.

March 25th 1908 (Address) 1516 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	March 27 1908
UNDERTAKER	ADDRESS
David Londheim	925 Madison Av

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 10810

City of Baltimore, (No. 1421, Hanford ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leo Herman Hoffmeyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov (Month) 9 (Day) 1907 (Year)

AGE: ..... years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Joseph S. Hoffmeyer

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Pauline Lohmann

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Baby.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. S. Hoffmeyer

(Address) 1421 Hanford Ave.

Filed 3/27 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 25 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 24 1908 to Mar 25 1908 that I last saw h im alive on Mar 25 1908, and that death occurred, on the date stated above, at 7.45 A.M. The CAUSE OF DEATH was as follows:

Ileo Colitis (DURATION) 51 DAYS

Contributory Cachexia (DURATION) 1 DAYS

(Signed) Walter Thomas M. D.

March 25 1908 (Address) 1228 St. Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: March 27 1908

UNDERTAKER: C. A. Kuddell & Son — ADDRESS: 243 Guilford Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C10611 Registered No. B C10611

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1034 Druid alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John R Stevens.

{Residence, if in Baltimore, Give Street and Number.} 1034 Druid al.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: about thirty-five yrs. ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John R. Stevens

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Linn Hall

(Address) 1741 Druid Hill av.

Filed 3/27 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 26th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Consumption

six mo (DURATION) ..... DAYS

Contributory (Primary.) Tuberculosis

(DURATION) ..... DAYS

(Signed) Wilson Baldwin M.D.

Address 710 Lex. av. (Carroll)

Date Mar. 27th 1908

Place of Burial Mt. Auburn Cemetery

Date March 28th. 1908

Undertaker Felix D. Lee

Address 102 E. Calhoun St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C10812 Registered No. B C10812

CERTIFICATE OF DEATH. 91

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Elizabeth Oliver

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Sept. 26, 1906

AGE 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Addison Lipscomb

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Fredonia Oliver

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 3/27 1908 Per M.E.B.

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 26 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 12 1908 to Mar. 25 1908 that I last saw h alive on Mar. 25 1908, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 3 DAYS

Contributory (Primary) Acute Bronchitis (DURATION) 15 DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date Mar. 26, 1908

Place of Burial Cathedral Cemetery

Date March 28th 1908

Undertaker Felix V. Pye

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C10613

CERTIFICATE OF DEATH. 28

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Alonzo Newman

{ Residence, if in Baltimore, Give Street and Number. } 820 N. Wolfe St.

Duration of Residence in Baltimore. 1

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: B.

DATE OF BIRTH: 1

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: -

BIRTHPLACE OF FATHER (State or country): -

MAIDEN NAME OF MOTHER: -

BIRTHPLACE OF MOTHER (State or country): -

OCCUPATION OF DECEASED: Child.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 3/27 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 25 1908

I HEREBY CERTIFY, That I attended deceased from Mch 10 1908 to Mch 25 1908 that I last saw him alive on Mch 25 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

E. B. Meningitis

Typhoid

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) W. W. Fisher M.D.

Address Balto City Hospitals

Date Mch 25 1908

Place of Burial COLLEGE OF P. & S

Date MAR 27 1908 190

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

63

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C10814 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 515 Fourth Ave (Woodbury) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie E. Connell

{Residence, if in Baltimore, Give Street and Number.} 515 - 4th Ave

Duration of Residence in Baltimore. 22 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Jan. 19 1876

AGE: 32 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John W. Wilhelm

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Alice L. Arnacost

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. E. Connell

(Address) 515 Fourth St.

Filed 3/27 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1903 to March 26 1908 that I last saw h-- alive on March 26 1908, and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema & Collapse

(DURATION) 10 DAYS

Contributory (Primary.) Organic Heart-disease (DURATION) 4½ Yrs DAYS

(Signed) Wm. H. Feldmann M.D.

Address 800 1st Ave

Date March 27th 1908

Place of Burial London Park

Date March 29 1908

Undertaker Horace Burgess

Address 363 Falls Road

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 19 C10815 Registered No. B C10815

CERTIFICATE OF DEATH.

(Place of Death.) No. 25 Rail Road ave (Woodbury) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert. Emanuel. Pierce.

{Residence, if in Baltimore, Give Street and Number.} 25 Rail Roodon

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Jany 14 1908

AGE: ..... years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Marion. Eleander. Pierce

BIRTHPLACE OF FATHER (State or country): Balto, Co.

MAIDEN NAME OF MOTHER: Carrie. Fisher.

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emanuel Fisher

(Address) 25 Rail Road Ave.

Filed 3/27 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 26th 1908

I HEREBY CERTIFY, That I attended deceased from Mar 23 1908 to Mar 26 1908

that I last saw him alive on Mar 26 1908

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Erysipelas of face + head (DURATION) 3 DAYS

Contributory (Primary.) none to my knowledge (DURATION) DAYS

(Signed) L. R. Wantz M.D.

Address 765 - Third Ave

Date Mar 26 1908

Place of Burial St Marys Hampden

Date March 28 1908

Undertaker Wm. E. Ottenritter & Son P. D.

Address 919 - Third Ave Hampden

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C10816

C10816

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CERTIFICATE OF DEATH.

(Place of Death.) No. 917 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm I. Dowd

{Residence, if in Baltimore, Give Street and Number.} 917 E. Biddle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 4 - 1906

AGE: 1 years, 9 months, 22 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Dowd

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Hellen Dolan

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 917 E. Biddle St

Filed 3/27 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 26 1908

I HEREBY CERTIFY, That I attended deceased from March 16 1908 to March 26 1908

that I last saw him alive on March 26 1908

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (Lobar)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. W. Peter M.D.

Address 1238 Eutaw Pl

Date March 27 1908

Place of Burial Holy Cross

Date March 28 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B

CERTIFICATE OF DEATH. 50

(Place of Death.) No. 570 N. Bay St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Dora von der Mettern

{Residence, if in Baltimore, Give Street and Number.} 570 N. Bay st

Duration of Residence in Baltimore. 42 years C 10817

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 26th 1843

AGE 65 years, 3 months, ____ days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Buchholz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lena Miller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto von der Mettern

(Address) 1236 Ashland ave

Filed 3/27 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH March 26 1908

I HEREBY CERTIFY, That I attended deceased from March 22 1908 to March 26 1908 that I last saw her alive on March 26 1908 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus

and Angina Pectoris

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dr. A. F. Brandau M.D.

Address 697 Linden ave

Date March 27 1908

Place of Burial Baltimore Cemetary

Date March 29th 1908

Undertaker George Schillinglaw

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C10818 Registered No. B C10818

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 4100 Maplewood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Mueller

{ Residence, if in Baltimore, Give Street and Number. } 4100 Maplewood Ave

Duration of Residence in Baltimore. 52 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 4 1833

AGE 75 years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Rudolph Stehr

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Amalia Eichelkraus

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs F. C. Depkin (daughter)

(Address) 4100 Maplewood Ave

Filed 3/27 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27 1908

I HEREBY CERTIFY, That I attended deceased from February 20 1908 to March 27 1908 that I last saw her alive on March 25 1908, and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate.)

Organic disease of the Heart & Kidneys (Hemorrhage)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry Feinhardt M.D.

Address 1017 E Chase St

Date March 27. 1908.

Place of Burial Baltimore Cemetery

Date March 29th 1908

Undertaker Mr & Mrs John W. Gentzel

Address 801 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

74

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10619

City of Baltimore, (No. 619 N. Fulton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Allender Zunstein

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan. (Month) 17th (Day) 1867 (Year)

AGE: 41 years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Queen Annes Co. Md.

FULL NAME OF FATHER: George H. Allender

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Alphonza Tunsill

BIRTHPLACE OF MOTHER (State or country): Penna.

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm B. Zunstein

(Address) 619 N. Fulton Ave

Filed 3/27 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch (Month) 26th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 1st 1908 to Mch 26th 1908

that I last saw her alive on Mch 25th 1908

and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Cerebral Tumor

Cortical pressure (DURATION) about 26 DAYS

Contributory Prostration (DURATION) 8 DAYS

(Signed) J. Dawson Ruden M. D.

Mch 26th 1908 (Address) 639 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Mch 29 1908

UNDERTAKER: Joseph B Cook | ADDRESS: 1003 W Baltimore

Ward ..... Registered No. B C10320

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter M. Beck

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal.

COLOR: White

DATE OF BIRTH: July 12th 1854

AGE: 53 years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John W. Beck

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ~~~

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. E. Bowen

(Address) 1233 N. Broadway

Filed 3/27 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1908

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to March 26 1908 that I last saw h.. im alive on March 26 1908, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

..... (DURATION) ..... DAYS

Contributory (Primary.) Nephritis Chr.

..... (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date March 26 1908.

Place of Burial Baltimore Cemetery

Date March 28 1908

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

Registered No. B 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1001 S. Charles St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma K. Finkeldey

{Residence, if in Baltimore, Give Street and Number.} 1001 S. Charles

Duration of Residence in Baltimore. Life

C 10821

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 30 1872

AGE 35 years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Henry J. Finkeldey

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Neckessen

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. F. Finkeldey

(Address) 603 Bramhall Ave Jersey City N.J.

Filed 3/28 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 25 1908

I HEREBY CERTIFY, That I attended deceased from Mch 10th 1908 to Mch 25th 1908

that I last saw h— alive on Mch 24th 1908,

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion + Heart failure

(DURATION) DAYS

Contributory (Primary.) Mitral Regurgitation

(DURATION) DAYS

(Signed) H. H. Hayden M.D.

Address 1425 Light St

Date Mch 27th 1908 190

Place of Burial London Park

Date March 28 1908

Undertaker W. J. Tickner & Son

Address Hanover & Paca

WM. J. C. DULANY CO., BALTIMORE.

Dr H. Hayden - Light & Clement

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. C10822

CERTIFICATE OF DEATH. 106

(Place of Death.) No. 1148 Carroll St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas B. F. Reed

{Residence, if in Baltimore, Give Street and Number.} 1148 Carroll.

Duration of Residence in Baltimore. Life C10822

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 26, 1831

AGE: 77 years, — months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John F. Reed

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Reed

(Address) 1148 Carroll

Filed 3/28 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to March 26 1908

that I last saw h— alive on March 26 1908,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Embolism

(DURATION) DAYS

Contributory (Primary) [illegible]

Senility (DURATION) DAYS

(Signed) S. M. Lumpkin M.D.

Address 602 S Broadway

Date March 26 1908

Place of Burial Mt Olivet

Date March 28 1908

Undertaker H. J. Tuckner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

Dr. S. Lumpkin

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] C10823 Registered No. B C10823

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 14. Fair Oak Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David W. Frasier

{ Residence, if in Baltimore, Give Street and Number. } ~~Out~~ 14 Fair Oak Ave

Duration of Residence in Baltimore. Life time C10823

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: Sept 14- 1841

AGE: 66 years, 6 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: David Frasier

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Irene Pritchard

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ralph L. Crockett

(Address) 14 Fair Oak Ave

Filed 3/29 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 26- 1908

I HEREBY CERTIFY, That I attended deceased from Mar 22 1908 to Mar 26 1908 that I last saw him alive on Mar. 26 1908, and that death occurred, on the date stated above, at 7. P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809. Gorsuch Ave

Date Mar 26- 1908

Place of Burial Baltimore Cemetery

Date March 29 1908

Undertaker Wm. G. Tolbert Sons

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B C10824

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 1510 Malster ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Virginia F. Jones

{Residence, if in Baltimore, Give Street and Number.} 1510 Malster ave

Duration of Residence in Baltimore. 10 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr 3rd 1838

AGE 69 years, 11 mont's, 24 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Gloucester Co. Va

FULL NAME OF FATHER Edwin Broaddus

BIRTHPLACE OF FATHER (State or country) Gloucester Co. Va

MAIDEN NAME OF MOTHER Elvza Montague

BIRTHPLACE OF MOTHER (State or country) Essex Co. Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bettie C. Broaddus

(Address) 1510 Malster ave

Filed 3/28 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 27 1908

I HEREBY CERTIFY, That I attended deceased from Mch 27 1907 to Mch 27 1908 that I last saw h er alive on Mch 27 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) 4 hours DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Albert J. Comey M.D.

Address 1412 Mt Royal

Date Mch 28 1908

Place of Burial West Point Gloucester Co. Va

Date March 29th 1908

Undertaker John B. Spence

Address 1325 N Caroline St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C10825

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 533 N. Baxter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Paydenuk

{ Residence, if in Baltimore, Give Street and Number. } 533 N. Baxter St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: John Paydenuk

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Rosie Hostelak

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Paydenuk

(Address) 533 Baxter St

Filed 3/28 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1908

I HEREBY CERTIFY, That I attended deceased from March 24 1908 to Mar. 26 1908

that I last saw him alive on Mar. 25 1908

and that death occurred, on the date stated above, at 9:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastro-Enteritis

(DURATION) 3 DAYS

Contributory (Primary.) —

(DURATION) ..... DAYS

(Signed) Emil Novak M.D.

Address 839 N. Patterson Park Ave

Date March 26 1908

Place of Burial Oak Hill

Date Mar. 28 1908

Undertaker Grant Brach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C10826 Registered No. B .....

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 711 W Lombard St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Laskiewitz

{ Residence, if in Baltimore, Give Street and Number. } Sister 711 W Lombard St

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: M

DATE OF BIRTH: Jan 27th 1908

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Laskiewitz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Josephine Jaskulska

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Laskiewitz

(Address) 711 W Lombard St

Filed 3/28 1908

BARNEY C. ANDREWS Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) Suddenly DAYS

Contributory (Primary.)

acute Indigestion (DURATION) DAYS

(Signed) D F Martin M.D.

Address 1012 W Lafayette

Date March 27 1908

Place of Burial Holy Rosary Cemetery

Date March 28th 1908

Undertaker Geo Levinlacke & Son

Address 647 W Pratt St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C10827 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 3 Hoopers Ct St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Georgia Victoria Lewis

{Residence, if in Baltimore, Give Street and Number.} 3 Hoopers Ct

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR Black

DATE OF BIRTH 1

AGE 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Georgia Lewis

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgia Lewis

(Address) 3 Hoopers Ct

Filed 3/28 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 25 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 730 P M.

CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Camillus M.D.

Address Coroners Office

Date Mar 27 1908

Place of Burial Laurel Cem

Date Mch 28 1908

Undertaker P. A. Elliott

Address 606 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10828 Registered No. B

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 837. Raborg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Tankard

{ Residence, if in Baltimore, Give Street and Number. } 837 Raborg St.

Duration of Residence in Baltimore... 21 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH 1

AGE 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Tankard

(Address) 837 Raborg St

Filed 3/28 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 26 1908.

I HEREBY CERTIFY, That I attended deceased from Mch 20 1908 to Mch 26 1908

that I last saw h[illegible] alive on Mch 26 1908,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Organic Disease of Heart

6 mon (DURATION) DAYS

Contributory (Primary.) Asthenia

2 mon (DURATION) DAYS

(Signed) V L Norwood M.D.

Address 939 W Fayette St

Date Mch 26 1908

Place of Burial Mt Auburn Cemetery

Date March 28. 1908

Undertaker R St Gallett

Address 506 Rayner Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C10829 Registered No. B C10829

CERTIFICATE OF DEATH. 125

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin Robinson

{Residence, if in Baltimore, Give Street and Number.} 226 N Durham St

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: — — 1830

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Benj Robinson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Harriet —

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Robinson

(Address) 226 N. Durham

Filed 3/28 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1908

I HEREBY CERTIFY, That I attended deceased from March 14 1908 to March 26 1908

that I last saw h[illegible] alive on March 26 1908

and that death occurred, on the date stated above, at 335 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

Contributory (Primary.) Prostatic Hypertrophy (DURATION) DAYS

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hosp

Date 3/27 1908

Place of Burial Asbury

Date March 28 1908

Undertaker R. A. Elliott

Address 1716 Rogers ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B C10830

C10830

CERTIFICATE OF DEATH.

177

(Place of Death.) No. 1405 Bucknian St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. Swann

{Residence, if in Baltimore, Give Street and Number.} 1405 Bucknian St—

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: C

DATE OF BIRTH: 1

AGE: 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Preacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Swann

(Address) 1405 Bucknian St

Filed 3/28 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1908

I HEREBY CERTIFY, That I attended deceased from March 17 1908 to March 25 1908

that I last saw him alive on March 24 1908

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate.)

Anasarca

Cancer of respiratory passages

(DURATION) 14 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) C. G. Rouse M.D.

Address 2100 E. Baltimore St

Date March 27 1908

Place of Burial National

Date March 28 1908

Undertaker R. A. Elliott

Address 1116 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10331 Registered No. B C10331

CERTIFICATE OF DEATH.

120

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Thompson

{Residence, if in Baltimore, Give Street and Number.} Annapolis Md

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 27 1846

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Mr Thompson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Elsie Rose

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Army officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary B. Thompson

(Address) Annapolis Md.

Filed 3/28 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 28 1908

I HEREBY CERTIFY, That I attended deceased from March 27 1908 to March 28 1908 that I last saw h.m. alive on March 28 1908 and that death occurred, on the date stated above, at 10 35 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Ed. Richardson M.D.

Address Johns Hopkins Hospital

Date March 28 1908

Place of Burial Annapolis Md

Date Mar. 28 1908

Undertaker Geo M. Fink

Address 811 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

61

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10832

City of Baltimore, (No. 1624 St Joseph St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John A. Lane

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR colored

DATE OF BIRTH March 25 1 Year
(Month) (Day)

AGE ..... year's, 9 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ?

BIRTHPLACE (State or country) 1622 St. Joseph St

FULL NAME OF FATHER John Lane

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Hannah E. Flemings

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED ?

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence E Lane

(Address) 1624 St Joseph St

Filed 3/28 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 25 1908 A.M. to March 25 1908 P.M.

that I last saw him alive on March 25 1908,

and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Spinal Meningitis

(DURATION) 1 DAYS

Contributory Heavy Cold and Sudden

(DURATION) DAYS

(Signed) [redacted] M. D.

1908 (Address) 112 Gov. Street

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Asbury C

DATE OF BURIAL March 28 1908

UNDERTAKER Wm J Glacken

ADDRESS 1421 Mulberry St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C10833 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1847 W. Pratt s St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Jost

{Residence, if in Baltimore, Give Street and Number.} 1847. W. Pratt st

Duration of Residence in Baltimore. 5-2 Jears C10833

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: December 13: 1833

AGE: 74 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Nagle

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Non

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Henry Jost

(Address) 719 Portland st

Filed 7/28 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26th 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 15th 1908 to March 26th 1908 that I last saw her alive on Mar. 26th 1908, and that death occurred, on the date stated above, at 9.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 10 DAYS

Con'tributory (Primary) Senile Debility

(DURATION) DAYS

(Signed) E. a. Knorr M.D.

Address 1727 W. Lombard st.

Date March 27th 1908

Place of Burial Western Cemetery

Date March 29 1908

Undertaker Jos. Svesdares. Son

Address 217 S. Pace

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C10834 Registered No. B 87

CERTIFICATE OF DEATH.

(Place of Death.) No. 1525 Edmondson Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Charles Henry Kinniemon

{Residence, if in Baltimore, Give Street and Number.} 1525 Edmondson Ave

Duration of Residence in Baltimore. Lifetime C10834

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 5 1852

AGE 56 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Dr. P. S. Kinniemon

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah Grabill

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Grabill

(Address) 1525 Edmondson

Filed 3/28 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27th 1908

I HEREBY CERTIFY, That I attended deceased from March 19th 1908 to Mch 27 1908 that I last saw him alive on March 27th 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Embolism
Heart Failure

(DURATION) 8 DAYS

Contributory (Primary) Chronic Laryngitis
One Years (DURATION) 1 DAYS

(Signed) John B[illegible] M.D.

Address 70 N. Fremont Ave

Date March 28th 1908

Place of Burial Green Mt Cem

Date March 29 1908

Undertaker Wm J Pickrodt Sons

Address Cumberland Md

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C10835

C10835

CERTIFICATE OF DEATH. 1

(Place of Death.) No. 936 Harford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kathrine Mc-Kenna -

{ Residence, if in Baltimore, Give Street and Number. } 936 Harford ave.

Duration of Residence in Baltimore. Life C10835

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Bernard McDermott

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Elizabeth Gillen

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rose Maddox

(Address) 936 Harford Ave

Filed 3/28 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27 1908

I HEREBY CERTIFY, That I attended deceased from February 27 1908 to March 14 1908 that I last saw h alive on 11 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever -

(DURATION) 60 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) J. S. Fiske M.D.

Address 9. E. Biddle St.

Date March 27 1908

Place of Burial Holy Cross Cemetery

Date March 30 1908

Undertaker Henry Hock & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether single) of the deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS. 20

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10836

City of Baltimore, (No. 860 W Baltimore St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amelia Schwein

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 27th 1908 (Month) (Day) (Year)

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Moses Kaufman.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Merlie Wallach

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Sales Lady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. Goldstein

(Address) 860 W. Balto. St.

Filed 8/28 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 27th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1907 to March 1908 that I last saw h[illegible] alive on March 26 1908, and that death occurred, on the date stated above, at 12.30 M. The CAUSE OF DEATH was as follows:

Septic Infection due to Ulcer of a pin in Stomach

(DURATION) 170 DAYS

Contributory Cardiac Asthenia

(DURATION) ..... DAYS

(Signed) Saml Steinberg M. D.

1908 (Address) 2302 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: March 29 1908

UNDERTAKER: J. Thursfield

ADDRESS: 667 Madison

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C10837 Registered No. B 168

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Salomon Cohen

{Residence, if in Baltimore, Give Street and Number.} 276 N. Exeter

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH 1

AGE 1 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Louis Cohen

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Lena Burkenfeldt

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Cohen

(Address) 276 N Exeter st

Filed 3/28 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 26 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...;

and that death occurred, on the date stated above, at 10 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Burns of face by Liquor (acc.)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Carruthers M.D.

Address Corner N Exeter

Date Mar 27 1908

Place of Burial Hebrew Boardale Cemetery

Date Mon. 29. 1908

Undertaker Mayer Lemmon

Address 1620 N. Eldorado st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10638 Registered No. B [illegible] 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 508 N. Montford Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Inc Nicholas

{Residence, if in Baltimore, Give Street and Number.} 508 N. Montford ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Nov. 2nd 1905

AGE ..... years, 3 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Richard Mc Nicholas

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Jennie Behr

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Mc Nicholas

(Address) 508 N. Montford ave

Filed 3/28 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 26 1908

I HEREBY CERTIFY, That I attended deceased from Mch 19 1908 to Mch 26 1908

that I last saw her alive on Mch 26 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma & Convulsions

2 (DURATION) DAYS

Contributory (Primary.)

Pneumonia (DURATION) 5 DAYS

(Signed) J. H. Robinson M.D.

Address 726 E Preston St

Date Mch 27 1908

Place of Burial Texas. Md

Date Mch. 28th 1908

Undertaker Geo. A. Inman & Sons Co.

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C10839 Registered No. B C10839

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alma Smith

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Orph. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1906

AGE ..... years, 1 month's, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Orph Asy.

(Address)

Filed 3/28 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 25 1908 that I last saw h alive on " " 1908 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. S. Fisher M.D.

Address 9 S. Eutaw St.

Date March 27 1908

Place of Burial New Cathedral

Date March 28 1908

Undertaker Martin Fahey and Son

Address 406 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Spoaley

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Life C10840

PERSONAL AND STATISTICAL PARTICULARS	
SEX F	COLOR W
DATE OF BIRTH January 11 1907	
AGE years, 2 months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy.

(Address)

Filed 3/28 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 25 1908 that I last saw h alive on " " 1908 and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J S Fisher M.D.

Address St. Vincents Inf. Asy. Baltimore St.

Date March 26 1908

Place of Burial St Vincents Cathedral

Date March 28 1908

Undertaker Martin Fahnestock Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C1084 Registered No. B C1084

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Long.

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W

DATE OF BIRTH 1905

AGE ..... years, ... months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 3/28 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 29 1908

that I last saw her alive on " " 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fisher M.D.

Address 9-6. Biddle St

Date March 28th 1908

Place of Burial New Cathedral

Date March 28 1908

Undertaker Martin Graham & Son.

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C10842

109

CERTIFICATE OF DEATH.

Registered No. B C10842

City of Baltimore, (No. 7 W Heath St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Emma H Lastner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 16 (Day) 1876 (Year)

AGE: 31 years, 8 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry Iseller

BIRTHPLACE OF FATHER (State or country): Gery

MAIDEN NAME OF MOTHER: Elisa Waldschmidt

BIRTHPLACE OF MOTHER (State or country): Gery

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elise Iseller

(Address) 828 Hanover st

Filed 3/28 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 26th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 9 1908 to March 26 1908 that I last saw her alive on March 26 1908, and that death occurred, on the date stated above, at 6-40 P. M. The CAUSE OF DEATH was as follows:

Catarrh of the Alimentary Canal

(DURATION) 3 Months

Contributory La Grepje in January 1908 (DURATION) DAYS

(Signed) W L Morgan M. D.

March 27 1908 (Address) 262 W Franklin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Mch 29 1908

UNDERTAKER: E Schlosser & Son

ADDRESS: 1024 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C10843

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2713 N. Northave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis Warkmeister

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Male~~ White | COLOR White

DATE OF BIRTH June 3rd 1853 (Month) (Day) Year)

AGE 54 years, 9 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Andrew Warkmeister

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER #

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Warkmeister

(Address) 2713 N. North Ave

Filed 3/28 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 26 1908 to March 27 1908 that I last saw h~~im~~ alive on March 26 1908, and that death occurred, on the date stated above, at 2 A.M. The CAUSE OF DEATH was as follows:

Uraemic Convulsion

(DURATION) 1 DAYS

Contributory Cardiac Asthenia

(DURATION) 1 DAYS

(Signed) R.B. Freeman M. D.

March 27 1908 (Address) 643 Columbia Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL March 29 1908

UNDERTAKER Wm Cook | ADDRESS 5026 York Av

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 10844 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 938 Warner St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sudie Hughes

{Residence, if in Baltimore, Give Street and Number.} 938 Warner

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 39 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Lewis Revil

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Hughes

(Address) 938 Warner

Filed 3/28 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 25 1908

I HEREBY CERTIFY, That I attended deceased from Feb 28 1908 to Mch 25 1908

that I last saw h[illegible] alive on Mch 25 1908

and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) 2 DAYS

Con'tributory (Primary.) Nephritis

(DURATION) 3 wks DAYS

(Signed) H S McCaul M.D.

Address 13 Eden Hill

Date Mch 28 1908

Place of Burial Mt. Auburn Cem.

Date March 29 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B [illegible]

CERTIFICATE OF DEATH.

64

(Place of Death.) No. Md. Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Jefferson

{ Residence, if in Baltimore, Give Street and Number. } 610 Baker St.

Duration of Residence in Baltimore. 30 yrs. C10845

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: —— 1

AGE: 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Cornelius Jefferson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Nancy Brown

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cora Marshall

(Address) 610 Baker St.

Filed 3/28 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 27 1908 to Mar 28 1908 that I last saw h[illegible] alive on Mar 28 1908, and that death occurred, on the date stated above, at 8 40 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 hours DAYS

Contributory (Primary.) Cerebral Hemorrhage, (DURATION) 8 hrs DAYS

(Signed) Geo. R. Jones M.D.

Address 122 N. Mount St.

Date Mar. 28 1908

Place of Burial Laurel Cemetery

Date Mar. 31" 1908

Undertaker Alex. Hemsley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

27

C10846 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C10846

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. No. 1215 Park Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. Nicholson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: George Nicholson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Charlotte Smith

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charlotte Nicholson

(Address) 1215 Park Avenue

Filed 3/28 1908

MANUEL O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from February 14 1908 to Mch 16 1908 that I last saw him alive on Mch 16 1908, at my office and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Pulmonary Phthisis (Tuberculosis)

per his history, some time (DURATION) ..... DAYS

Contributory Exhaustion, Asthenia

failing some time (DURATION) ..... DAYS

(Signed) Robert W. Mifflin M. D.

Mch 28 1908 (Address) 1006 Mad. ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Mar. 30 1908

UNDERTAKER: Alex. Cemetery

ADDRESS: 570 W. Biddle

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C10847 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1120 Potomac St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Krauk.

{Residence, if in Baltimore, Give Street and Number.} 1120 Potomac St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 26th 1879

AGE: 28 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Frederick W. Krauk

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Maggie Freund

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick W. Krauk

(Address) 3001 Elliott St

Filed March 28" 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1908

I HEREBY CERTIFY, That I attended deceased from Dec 3 1907 to March 26 1908 that I last saw h in alive on March 17 1908 and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Respiratory Insufficiency

(DURATION) 2 DAYS

Con'tributory (Primary.) Tuberculosis Pulmonary. (DURATION) 12a Yrs.

(Signed) Wm. J. Cadell M.D.

Address Wm. J. Cadell 1318 N. Charles

Date March 27 1908

Place of Burial Mount Carmel Cemetery

Date Mch 29 1908

Undertaker Germanus Trance

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 212 Camden Lane C10848 St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Domenico Surano

{ Residence, if in Baltimore, Give Street and Number. } Baltimore (Domenico Surano)

Duration of Residence in Baltimore. 1 year and 2 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 3 1875

AGE 32 years, 9 mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Italy. C Palermo

FULL NAME OF FATHER Gaetano Surano

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Rosaria Licciardello

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Business Man

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Octavia Di Mateo

(Address) 207 S. Wolfe St.

Filed March 28" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 26 March 1908

I HEREBY CERTIFY, That I attended deceased from 18 March 1908 to 26 March 1908 that I last saw him alive on 26 March 1908, and that death occurred, on the date stated above, at 8 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Barrano M.D.

Address 204 N Greene Street

Date 190

Place of Burial St Vincents Cemetery

Date Mch. 29th 1908

Undertaker Germania Firance

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 859 W Lombard 1899 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Clements

{ Residence, if in Baltimore, Give Street and Number. } 859 W Lombard st

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX Fele | COLOR Wht

DATE OF BIRTH 1831 1

AGE 77 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Scotland

FULL NAME OF FATHER Samuel Gardiner

BIRTHPLACE OF FATHER (State or country) — — —

MAIDEN NAME OF MOTHER — — —

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. A. Elgbring

(Address) 859 W Lombard St

Filed 3/29 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Mar 28 1908

that I last saw h en alive on Mar 26 1908,

and that death occurred, on the date stated above, at 8:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins st

Date Mar 28 1908

Place of Burial Westens Cemetery

Date March 30th 1908

Undertaker H. C. Brannings

Address 5. S. Poppleton st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10650 Registered No. [illegible]

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 1607 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Petrarca

{Residence, if in Baltimore, Give Street and Number.} 1607 Lancaster St

Duration of Residence in Baltimore. Life C10450

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Thomas Petrarca

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Katarzyna Napoleone

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Petrarca

(Address) 1607 Lancaster St

Filed 3/29 1908 HARRY O. ANDREWS Registrar

PERMIT CLERK:

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1908

I HEREBY CERTIFY, That I attended deceased from March 24 1908 to March 27 1908

that I last saw him alive on " 1908.

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Infantile Convulsions

(DURATION) 3 DAYS

Contributory (Primary) Cardiac Exhaustion

(DURATION) DAYS

(Signed) D. J. Gyaucl M.D.

Address 2 E Oostdale

Date March 28 1908

Place of Burial Holy Rosary

Date Monday Mar 30. 1908

Undertaker M F Quenckes

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10651 Registered No. B C10651

CERTIFICATE OF DEATH. 92

(Place of Death.) No. 1614 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael Marzec

{ Residence, if in Baltimore, Give Street and Number. } 1614 Aliceanna

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 8 months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Marzec.

BIRTHPLACE OF FATHER (State or country): Astria

MAIDEN NAME OF MOTHER: Rosie Marsalek.

BIRTHPLACE OF MOTHER (State or country): Astria

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Marzec.

(Address) 1614 Aliceanna St

Filed 3/29 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1908

I HEREBY CERTIFY, That I attended deceased from March 26 1908 to March 28 1908

that I last saw h. alive on March 28 1908,

and that death occurred, on the date stated above, at 1230 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Capillary Bronchitis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Nicentawicz M.D.

Address 1614 Aliceanna

Date March 28 1908

Place of Burial St Stanislaus.

Date Sunday May 29 1908

Undertaker M. F. Sadowski.

Address 703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C10852 Registered No. D

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 808 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Peres.

{ Residence, if in Baltimore, Give Street and Number. } 808 Druid Ave

Duration of Residence in Baltimore. Lifetime C10852

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) B. alto.

FULL NAME OF FATHER J. Peres.

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Hettie Blank

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Peres.

(Address) 808 Druid Hill Ave

Filed 3/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28th 1908

I HEREBY CERTIFY, That I attended deceased from March 28th 1908 to March 28 1908 that I last saw h alive on March 28th 1908, and that death occurred, on the date stated above, at 8-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Colds

(DURATION) DAYS

(Signed) J. Marcus Cargile M.D.

Address 481 W. Biddle Street

Date March 28th 1908

Place of Burial Hebrew Cem Philadelphia Road

Date March 29 190

Undertaker John C. Hough Co.

Address 1422 Pinlaw ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10853 Registered No. B 169

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William A Germain

{Residence, if in Baltimore, Give Street and Number.} 1050 N. Milton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 13 1890

AGE: 17 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thomas Germain

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Rock

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Germain

(Address) 1050 N. Milton Ave

Filed 3/29/08 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1908

I HEREBY CERTIFY, That I attended deceased from Consumption 190 to Death 190

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Shock from accidental Scalds - having fallen into scalding water

(DURATION) 12 hrs DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. McHenry M.D.

Address 1216 N. Caroline St.

Date March 27, 1908

Place of Burial Baltimore Cemetery

Date March 30 1908

Undertaker McGinnis-Carroll

Address 1227 Mulliken Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C16854 Registered No. B C16854

CERTIFICATE OF DEATH.

(Place of Death.) No. 1801 Banks St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Lewis

{Residence, if in Baltimore, Give Street and Number.} 1801 Bank St.

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH July 1846

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Wm. Lewis

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Restaurant Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Lewis

(Address) 1801 Bank St.

Filed 3/29 1908

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 16th 190 to March 27 190 8 that I last saw h alive on " " 190 " and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 3 DAYS

Contributory (Primary) Nephritis

(DURATION) 60 DAYS

(Signed) J. L. Winnin M.D.

Address 1735 Bank

Date March 28th 1908

Place of Burial Cathedral Cemetery

Date Mar. 30th 1908

Undertaker Jno. A. Moran

Address Bank Pamsta.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C10855 66

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Connolly

{Residence, if in Baltimore, Give Street and Number.} 1903 Harlem Av.

Duration of Residence in Baltimore. 77 yrs C10855

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH 1843

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER Patrick Connelly

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ann Lorrin

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Lab-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. Connelly

(Address) 331 S. Chester St

Filed 3/29 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 27 1908

I HEREBY CERTIFY, That I attended deceased from Mch 23 1908 to Mch 27 1908 that I last saw h alive on Mch 27 1908, and that death occurred, on the date stated above, at 2.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia

Paralysis

(DURATION) — DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) J. H. Lehr M.D.

Address Balto City Hospl

Date Mch 27 1908

Place of Burial Holy Cross Cem

Date Mch. 30th 1908

Undertaker Jno. A. Moran

Address Bank & Lanvale Sts

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C10856

CERTIFICATE OF DEATH.

44

(Place of Death.) No. 248 S. Collington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie E. Flaherty

{Residence, if in Baltimore, Give Street and Number.} 248 S. Collington ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	W.
DATE OF BIRTH	July 1852
AGE	56 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Thomas Flaherty
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Ant known
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Flaherty

(Address) 248 S. Collington Ave

Filed 3/29 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27 1908

I HEREBY CERTIFY, That I attended deceased from March 15 1908 to March 27 1908

that I last saw h[illegible] alive on March 25 1908

and that death occurred, on the date stated above, at 2. a. M. CAUSE OF DEATH (Secondary or Immediate)

Epithelioma of left eye

(DURATION) 18 months

Contributory (Primary.) Cachexia (DURATION) ..... DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caulton Ave.

Date March 28th 1908

Place of Burial Holy Cross Cem

Date May 30th 1908

Undertaker Jno. J. Inman

Address Bank Corner

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B [illegible] 4

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 209 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Fried—

{ Residence, if in Baltimore, Give Street and Number. } 209 N. Bond St—

Duration of Residence in Baltimore. 4 years— C10857

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH 1

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Osreal Kartman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Lea Kartman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. Kartman

(Address) 632 S. Broadway

Filed 3/29 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1908.

I HEREBY CERTIFY, That I attended deceased from March 13 1908 to March 16 1908

that I last saw her alive on March 16, 1908,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

asthena

(DURATION) DAYS

Contributory (Primary) Pulmonary and Laryngeal Tuberculosis (DURATION) 1 years

(Signed) J. Josephson M.D.

Address 4 N Bway

Date March 29 1908

Place of Burial Rosedale Phila Road

Date March 29 1908

Undertaker Mas Levinson

Address 1620 Mc Clellan St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 36

CERTIFICATE OF DEATH.

(Place of Death.) No. 1013 Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Child J Margie Howard

{Residence, if in Baltimore, Give Street and Number.} 1013 Bruce St

Duration of Residence in Baltimore. 10 mos C 10858

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Jan 10 1908

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Howard

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Millard

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Howard

(Address) 1013 Bruce st

Filed 3/29 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28, 1908

I HEREBY CERTIFY, That I attended deceased from March 26 1908 to March 26 1908 that I last saw h.. alive on March 26 1908, and that death occurred, on the date stated above, at 10:10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition and Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Congenital syphilis

(DURATION) 28 DAYS

(Signed) Maurice E. Shamer M.D.

Address 1213 N. Gilmor st

Date March 29, 1908

Place of Burial Mt Olivet

Date MAR 29 1908 190

Undertaker R. L. Parham un co

Address 1213 Pennsylvania st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C10859

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 108 N. Fremont St.; ....., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Winter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: — (Month) 1 (Day) — Year)

AGE: 89 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs Mahaffey Daughter

(Address)

Filed March 29 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 27th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 15th 1908 to March 27th 1908 that I last saw h[illegible] alive on Mar 27 1908, and that death occurred, on the date stated above, at ——— M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage with Paralysis

12 days (DURATION) ——— DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) E. F. Sutherland M. D.

190 (Address) 115 W. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	3/30 1908
UNDERTAKER	ADDRESS
Wm J Schilling	91 Pulaski

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 911 N. Arlington Avenue St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin W. Cockran.

{ Residence, if in Baltimore, Give Street and Number. } 911 N. Arlington ave.

Duration of Residence in Baltimore. 40 years - C1086

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Sept 2 1827

AGE: 80 years, 6 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md. =

FULL NAME OF FATHER: Samuel Cockran

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Withgott

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Retired Banker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elz. W. Cockran

(Address) 911 N. Arlington ave.

Filed March 29 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 27 1908

I HEREBY CERTIFY, That I attended deceased from March 5 1901 to March 27 1908 that I last saw him alive on March 27 1908, and that death occurred, on the date stated above, at 3-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Dilatation -

Known for 5 years (DURATION) DAYS

Contributory (Primary) Chronic Cystitis - 4 years (DURATION) DAYS

Cerebral congestion - 48 hours duration

(Signed) John J. King — M.D.

Address 1425 Eutaw pl -

Date March 28 1908

Place of Burial Loudon Park Cemetery

Date March 30 1908.

Undertaker E. M. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10861

City of Baltimore, (No. 620, N. Eutaw St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Walter W. Schmidt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: February 21 1903 (Month) (Day) (Year)

AGE: 5 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: C

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Schmidt

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Carrie K. Drexel

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: C

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. J. Svendsen

(Address) 217 S. Bond

Filed 3/30 1908

HARRY O. ANDREWS, FIRST CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 26 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 25 1908 to March 26 1908 that I last saw him alive on March 26 1908 at 8 P.M., and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) DAYS

Contributory Coma

(DURATION) 6 DAYS

(Signed) W. R. Stone M. D.

March 27 1908 (Address) 836 W. Mount Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: March 30 1908

UNDERTAKER: Jos. Svendsen Son

ADDRESS: 217 S. Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C10862 Registered No. B

CERTIFICATE OF DEATH. C10862

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard H. E. Bond

{ Residence, if in Baltimore, Give Street and Number. } 318 Eutaw Court

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Col.

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemuel Hollyday Supt.

(Address) BAY VIEW ASYLUM.

Filed 3/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27 1908

I HEREBY CERTIFY, That I attended deceased from March 19 1908 to March 27 1908 that I last saw him alive on March 26 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) W. H. E. Bay M.D.

Address Bay View

Date March 27 1908

Place of Burial Sacred Heart

Date March 30 1908

Undertaker Chas H. Evans

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B.....

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 903 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isador B Cohen

{ Residence, if in Baltimore, Give Street and Number. } 903 Hollins St.

Duration of Residence in Baltimore..... C10863

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 20 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Europe

FULL NAME OF FATHER: Isac Cohen

BIRTHPLACE OF FATHER (State or country): Europe

MAIDEN NAME OF MOTHER: Rachel Morris

BIRTHPLACE OF MOTHER (State or country): Europe

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Cohen

(Address) 903 Hollins St.

Filed 3/30 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. 29, 1908

I HEREBY CERTIFY, That I attended deceased from Oct 5 1907 to Mar 28 1908

that I last saw him alive on Mar 28 1908,

and that death occurred, on the date stated above, at 12 Noon.

CAUSE OF DEATH (Secondary or Immediate)

General Weakness

(DURATION) DAYS

Contributory (Primary) Tuberculosis

(DURATION) DAYS

(Signed) M. A. Weinberg M.D.

Address 742 W. Fayette St

Date Mar 29 1908

Place of Burial Hebrew Cem Washington Rd ~~Emanuel Cemetery~~

Date March 30th 1908

Undertaker John J Cowan

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

Ward 7 — Registered No. B C10604 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 767 W Pratt St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Deems

{Residence, if in Baltimore, Give Street and Number.} 767 W Pratt St

Duration of Residence in Baltimore... Life C10864

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH ... 1

AGE 77 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Jacob Deems

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Jane O'Grady

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Wright

(Address) 767 W Pratt st

Filed 3/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 28 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1907 to Mar 28 1908

that I last saw h... alive on 28 1908,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

... (DURATION) ... DAYS

Contributory (Primary.) Cerebral oedema

(DURATION) ... DAYS

(Signed) Herbert J Blake M.D.

Address 1014 W La Fayette

Date ... 190...

Place of Burial Cathedral Cemetery

Date March 31 1908

Undertaker John J Cowan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1

CERTIFICATE OF DEATH.

Registered No. BC10865

City of Baltimore, (No. 319 E. 23rd St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Wm. Brown Jr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. 18 (Month) 1903 (Day) 1 (Year)

AGE: 4 years, 4 months, 11 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jno William Brown

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Sarah R. Taylor

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno W. Brown

(Address) 319 E. 23 St Balto Md

Filed 3/30 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 29th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 1 a. m. 1908 to 7 a. m. 1908 that I last saw him alive on March 29 1908, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Malignant Scarlet Fever

2 hours (DURATION) DAYS

Contributory Convulsions

6 hours (DURATION) DAYS

(Signed) Walter Dalgleish M. D.

March 29 1908 (Address) 2020 N. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: March 30 1908

UNDERTAKER: Jas B Cook

ADDRESS: 103 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

10 A. M.

Ward 12. Registered No. B

CERTIFICATE OF DEATH.

74

(Place of Death.) No. Johns Hopkins Hospital Baltimore City (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Stork. C 10866

{Residence, if in Baltimore, Give Street and Number.} 513 Cathedral St. City.

Duration of Residence in Baltimore. 2 weeks in Hospital

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH Aug 14th 1874

AGE 33 years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Wm L Stork

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Clintonia W Warner

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C W Warner Stork

(Address)

Filed 3/20 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 27th 1908.

I HEREBY CERTIFY, That I attended deceased from Mar 14th 1908 to Mar 27th 1908 that I last saw her alive on Mar 27th 1908 and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Brain tumor

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address

Date 190

Place of Burial London Park Cemetery

Date March 30th 1908

Undertaker Stewart & Mowen Co

Address 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 C10867 Registered No. B .....

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 514 Baker St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Bond

{ Residence, if in Baltimore, Give Street and Number. } 514 Baker St

Duration of Residence in Baltimore. all life C 10867

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 2 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt city

FULL NAME OF FATHER: John P Bond

BIRTHPLACE OF FATHER (State or country): Balt Md

MAIDEN NAME OF MOTHER: Nellie Tabs

BIRTHPLACE OF MOTHER (State or country): Balt Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Bond

(Address) 514 Baker st

Filed 3/30 1908

HARRY C. ANDREWS, PERMIT CLERK and Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1908

I HEREBY CERTIFY, That I attended deceased from March 21 1908 to March 28 1908

that I last saw her alive on March 28 1908

and that death occurred, on the date stated above, at 12 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus.

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Mellin M.D.

Address 1303 W North Ave

Date March 28 1908

Place of Burial Mt Zion cemetery

Date March 30 1908

Undertaker Wm H Hooper

Address 609 Little Pied St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C16608 Registered No. B

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 4 N Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Punte

{Residence, if in Baltimore, Give Street and Number.} 4 N Bradford st

Duration of Residence in Baltimore. Life C10866

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
Female	White
DATE OF BIRTH	Dec 11th 1906
AGE	1 years, 3 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Joseph Punte
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Margaret Schlee
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Punte

(Address) 4 N. Bradford St.

Filed 3/30 1908 MARY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1908

I HEREBY CERTIFY, That I attended deceased from Feb 28 1908 to March 27 1908 that I last saw h.. alive on March 27 1908 and that death occurred, on the date stated above, at 1.10 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Bronchopneumonia

(DURATION) 30 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) John T Avery M.D.

Address 1823 E Broadway

Date March 28 1908

Place of Burial Holy Redeemer

Date March 30 1908

Undertaker Wendell Oppelsdorn

Address 37 S Amm St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

C10869

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 90 Garrison Lane St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Helen Marie Tolzman

{Residence, if in Baltimore, Give Street and Number.} 90 Garrison Lane.

Duration of Residence in Baltimore. Lifetime C10869

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH December 13th 1906

AGE 1 years, 3 months, 13 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Edward Tolzman

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Sophia Spraner

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Tolzman

(Address) 90 Garrison Lane

Filed 3/30 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28th 1908

I HEREBY CERTIFY, That I attended deceased from March 7th 1908 to March 28th 1908 that I last saw h-r alive on March 28th 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Four (DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 21 DAYS

(Signed) John G. Holliday M.D.

Address 714 Fredk ave

Date March 28th 1908

Place of Burial Loudon Park

Date March 30th 1908

Undertaker C. W. Dill

Address 810 Fredk ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ... C10870 ... Registered No. B ...

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1523 Fairmount av St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Rodger T. Mooney.

{Residence, if in Baltimore, Give Street and Number.} 1523 Fairmount av

Duration of Residence in Baltimore. Lifetime C10870

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1854

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Thomas Mooney

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Hasler Hagg.

BIRTHPLACE OF MOTHER (State or country): Kent Co Md.

OCCUPATION OF DECEASED: Iron Worker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Roxanna Mooney

(Address 1523 Fairmount av

Filed 3/30 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 27 1908

I HEREBY CERTIFY, That I attended deceased from March 27, 1908 to March 27 1908

that I last saw h[illegible] alive on March 27, 1908,

and that death occurred, on the date stated above, at 9:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [signature] M.D.

Address 1129 E. Broadway

Date March 28, 1908.

Place of Burial New Cathedral

Date Mar. 31 1908

Undertaker Edw. J. Fanning.

Address 1938 E Lafayette av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10871 ..... Registered No. .....

CERTIFICATE OF DEATH.

30

(Place of Death.) No. 1909 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Esther R. Jennings

{ Residence, if in Baltimore, Give Street and Number. } 1909 Division

Duration of Residence in Baltimore. 3 years. C10871

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: B.

DATE OF BIRTH: Sept. 9, 1904

AGE: 3 years, 6 months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Robert Daniel Jennings

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Elizabeth Wesley

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Daniel Jennings

(Address) 1909 Division St.

Filed 3/30 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March. 28, 1908.

I HEREBY CERTIFY, That I attended deceased from March 28 1908 to 3/28 1908, that I last saw h[er] alive on 3/28 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure

(DURATION) — DAYS

Contributory (Primary.) Tuberculosis

Line (DURATION) 2 yrs. DAYS.

(Signed) Arthur M Shipley M.D.

Address Emergency Hospital

Date 3/29 1908

Place of Burial Mount Auburn

Date March 30 1908

Undertaker John H Toadvine

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 218 E. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antonetta Reina

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Lifetime C10872

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 11 Mo 1908

AGE ..... years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Paolo Reina

BIRTHPLACE OF FATHER (State or country) Italy.

MAIDEN NAME OF MOTHER Rosa Mussmanno

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paolo Reina

(Address) N 218 E Cross St. Balto

Filed 3/30 1908

HARRY C. ANDREWS,
Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 29 March 1908

I HEREBY CERTIFY, That I attended deceased from 17 March 1908 to 29 March 1908 that I last saw h-er alive on 29 March 1908 and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) Joseph Barone M.D.

Address 20 N Greene St

Date Mar. 29 1908

Place of Burial St. Mary's

Date Mar 30 1908

Undertaker J J Gibbons

Address 1132 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE

Ward ... Registered No. B ...

C10873

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1103 N Eden St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Conrad Wiegmann

{ Residence, if in Baltimore, Give Street and Number. } 403 N. Eden St —

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 9 1907

AGE: ... years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ...

BIRTHPLACE (State or country): Hopkins Hosp.

FULL NAME OF FATHER: Henry F. Wiegmann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lohra Vogel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: ...

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Peterson M.D.

(Address) 1103 N Eden St —

Filed 3/30 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 29 1908

I HEREBY CERTIFY, That I attended deceased from March 4 1908 to March 29 1908

that I last saw him alive on " " 1908,

and that death occurred, on the date stated above, at 9.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

about 4 weeks (DURATION) DAYS

Contributory (Primary) Inherited trouble (DURATION) ... DAYS

(Signed) E. L. Peterson M.D.

Address 1103 N. Eden St —

Date March 29 1908

Place of Burial Oak Lawn Cem

Date 3/31/08 1908

Undertaker J. Herring & Son

Address 900 S Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10874 Registered No. B [illegible]

CERTIFICATE OF DEATH.

27

(Place of Death.) No. #1529 E North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Krause

{Residence, if in Baltimore, Give Street and Number.} #1529 E North Ave.

Duration of Residence in Baltimore. 55 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Sept 17th 1846 1

AGE: 61 years, 6 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Clothing Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa K. Krause

(Address) 1529 E. North Ave

Filed 3/30 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 27 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3, 1908 to March 27 1908

that I last saw him alive on March 26 1908,

and that death occurred, on the date stated above, at 12.20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

about 6 mo (DURATION) 6 DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) Geo. Keller M.D.

Address 1937 Gough

Date March 28, 1908

Place of Burial: Baltimore Cemetery

Date: 3/30/08 190

Undertaker: J. Herwig & Son

Address: 2008 Orleans St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

61

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Jk. Joseph's Hospital (If Deat's occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lula Curtis.

{Residence, if in Baltimore, Give Street and Number.} 38 Winters Ave. Catonsville.

Duration of Residence in Baltimore.

C 10875

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 18 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John W Curtis

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Sarah E Howard

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED School Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. Lula E Curtis

(Address) Catonsville Md

Filed 3/30 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1908

I HEREBY CERTIFY, That I attended deceased from March 25 1908 to March 29 1908

that I last saw her alive on March 28 1908,

and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Dyspnoea.

(DURATION) DAYS

Con'tributory (Primary.) Meningitis

(DURATION) 6 DAYS

(Signed) Wm. Schmit M.D.

Address St. Joseph's Hospital

Date March 29 1908.

Place of Burial Catherine Cem

Date March 31st 1908

Undertaker R. H. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C10876

CERTIFICATE OF DEATH.

80

(Place of Death.) No. 1909 Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gilbert Lee

{Residence, if in Baltimore, Give Street and Number.} 1927 Arsquith St

Duration of Residence in Baltimore... 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH ..... 1 .....

AGE 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Lee

(Address) 1909 Saratoga St

Filed 3/30 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 26 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 ..... ,

and that death occurred, on the date stated above, at 1130

M. CAUSE OF DEATH (Secondary or Immediate)

..... Angina Pectoris

..... (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Carruthers M.D.

Address Corner Mt Auburn & Penna Ave

Date Mar 26-08

Place of Burial Mt Auburn Cem

Date March 30 1908

Undertaker H A Elliott

Address 5-0 & Ropers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 408 W Mulberry St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jeanette Weck.

{Residence, if in Baltimore, Give Street and Number.} ~~W Jarvis~~ 408 W Mulberry

Duration of Residence in Baltimore. 50 years C10877

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: May 1834

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Georg a Steibel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Fredericka Graue

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr F J Steibel

(Address) 408 W Mulberry St

Filed 3/30 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Died Mch 29th 1908

I HEREBY CERTIFY, That I attended deceased from Mch 22nd 1908 to Mch 29 1908

that I last saw her alive on Mch 28 1908

and that death occurred, on the date stated above, at 12.30 A M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) 7 DAYS

Con'ributory (Primary.) Chronic Interst. Nephritis (DURATION) 7 DAYS

(Signed) August Horn M.D.

Address 25th St Paul Sts

Date Mch 29th 1908

Place of Burial Baltimore Cemetery

Date April 1 1908

Undertaker W Maurice Routson

Address 1 N Bon Secours Saratoga

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7th

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1013 Carlton St. C10878 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant Child of Thomas & Cora Jones

{ Residence, if in Baltimore, Give Street and Number. } 1013 Carlton St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Mar 28 1908

AGE 7 hours
.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Thomas Jones

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Cora Jones

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Jones

(Address) 1013 Carlton St

Filed Apr 8 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 28 1908

I HEREBY CERTIFY, That I attended deceased from Mch 28 1908 to Mch 28 1908

that I last saw h[illegible] alive on Mch 28 1908

and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

(Six Months Gestation)

7 hours
(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) C C Davis M.D.

Address 923 N Carey Street

Date Mar 29 1908

Place of Burial Cut Lawton

Date Mar 30 1908

Undertaker Wm J. Johnson

Address 614 Baker

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10879 Registered No. B C10879

CERTIFICATE OF DEATH. 9

(Place of Death.) No. 1154 Mariadon Av St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ethel L Peach

{Residence, if in Baltimore, Give Street and Number.} Lip C10879

Duration of Residence in Baltimore. 1154 Mariadon

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 28, 1907.

AGE — years, 11 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER William Peach.

BIRTHPLACE OF FATHER (State or country) Baltimore, Md.

MAIDEN NAME OF MOTHER Edna Kloffke.

BIRTHPLACE OF MOTHER (State or country) Baltimore, Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Peach

(Address) 1154 Nantucket St.

Filed 3/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 1908

I HEREBY CERTIFY, That I attended deceased from March 19 1908 to March 29 1908 that I last saw h— alive on March 29 1908, and that death occurred, on the date stated above, at 5 — M. CAUSE OF DEATH (Secondary or Immediate)

Whooping Cough

(DURATION) DAYS

Contributory (Primary)

Bronchitis (DURATION) DAYS

(Signed) Edmund [illegible] M.D.

Address 5 N Dean St

Date March 30 1908

Place of Burial Western Cemetery

Date March 31 1908

Undertaker Geo. J. Smith & Co.

Address 1000 W. Fayette, St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

C10880

Registered No. B .....

City of Baltimore, (No. 712 Church (Hampden) St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julia Kilroy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Burk

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Conner

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Home Keep

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Dolg

(Address) 712 Church St

Filed 3/30 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 29 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to March 29 1908

that I last saw h.. alive on March 1 1908,

and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH was as follows:

Acute Cardiac Dilatation

(DURATION) — DAYS

Contributory Aortic Stenosis

(DURATION) ..... DAYS

(Signed) Harry C Algire M. D.

March 29 1908 (Address) 360 N Calvert St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: St Mary Govans Ln — DATE OF BURIAL: Mar 31 1908

UNDERTAKER: A S Marshall — ADDRESS: 3539 Falls Road

Child-Kathleen Brown.

Ward 12 — Registered No. B [illegible] 79

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Washington

{Residence, if in Baltimore, Give Street and Number.} Hulston Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Negro

DATE OF BIRTH: 1

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 3/30 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 26 1908

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to March 26 1908

that I last saw him alive on March 26 1908,

and that death occurred, on the date stated above, at 3:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) ..... DAYS

Contributory (Primary.) Ventral Hernia

acute Insufficiency (DURATION) ..... DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date March 26 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date Mar 28 1908

Undertaker Commissioner Health.

Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

79

Ward ..... C10882 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 737-W-35th - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel T Eyler

{Residence, if in Baltimore, Give Street and Number.} 737-W-35th St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 34 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Henry S Eyler

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Louisa Frame

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Furniture Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Neal

(Address) 737-W 35th St

Filed 3/30 1908

HARRY O. ANDR... Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 28 4 1908

I HEREBY CERTIFY, That I attended deceased from Mch 12 1908 to Mch 28 1908

that I last saw h in alive on Mch 28 1908

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Tubercular pulmonary disease

(DURATION) 14 DAYS

Con'tributory (Primary.) Phthisis Pulm + Laryngeal (DURATION) Not known DAYS

(Signed) M. H. Federman M.D.

Address 808 1/2 Ave

Date Mch 28 4 1908

Place of Burial Dr Mary's Hampden

Date March 30th 1908

Undertaker Wilcox

Address 322 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C10883 Registered No. D .....

CERTIFICATE OF DEATH. 91

(Place of Death.) ~~No.~~ St Joseph's Hospital ~~St~~ (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Thomas A Casey Sr

{Residence, if in Baltimore, Give Street and Number.} 2746 W. Lafayette ave

Duration of Residence in Baltimore. 60 Years C 10883

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: 8 — 1

AGE: about 50. years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Casey

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Mr Brown

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas A Casey Jr.

(Address) 829 N Wolfe St

Filed 3/30 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 27 1908

I HEREBY CERTIFY, That I attended deceased from March 17 1908 to March 27 1908

that I last saw him alive on March 27 1908

and that death occurred, on the date stated above, at 6:30 P. M. CAUSE OF DEATH (Secondary or Immediate

Hypostatic Pneumonia

(DURATION) 1 DAY

Contributory (Primary) Arteriosclerosis

Senile Debility (DURATION) 2 DAYS

(Signed) Eugene L. Finnegan M.D.

Address St Joseph's Hosp.

Date March 27, 1908

Place of Burial St Peters Cemetery

Date March 30/08 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C10884

CERTIFICATE OF DEATH.

83

(Place of Death.) No. 304. Dawson Alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Frances Beehler Magnese

{Residence, if in Baltimore, Give Street and Number.} 304 Dawson Al.

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Feby — 1846

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James W. Wilkerson

(Address) 757 McHenry St.

Filed 3/30 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 26th 1907 to March 30th 1908

that I last saw her alive on March 29th 1908.

and that death occurred, on the date stated above, at 6-30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Varicose Ulcers & Dropsy

(DURATION) 6 Months DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) H. W. Webner M.D.

Address 723 W. Lombard St

Date March 30th 1908

Place of Burial London. Park.

Date April 1 1908

Undertaker Wm. Cook.

Address 502. E. Northave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1618 N Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Capt Julius Gerhard Johann Schulenberg.

{ Residence, if in Baltimore, Give Street and Number. } 1618 N Bond St

Duration of Residence in Baltimore. About 33 Years C 10885

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 28 1841

AGE 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaretha Schulenberg

(Address) 1618 N Bond St.

Filed 3/30 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28th 1908

I HEREBY CERTIFY, That I attended deceased from Mar 1 1908 to Mar 28 1908 that I last saw him alive on Mar 27th 1908, and that death occurred, on the date stated above, at 6.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 28 DAYS

Contributory (Primary.) Senile dementia four years (DURATION) ~~DAYS~~

(Signed) E. B. Britton M.D.

Address 1711 E. Back St.

Date Mar 29th 1908

Place of Burial Loudon Park

Date Mar 31st 1908

Undertaker H. E. Hughes

Address 175 Broadway.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10886

City of Baltimore, (No. 928, Bolton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Johnson

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M | COLOR: B

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Sallie Deshields

(Address) 928 Bolton St.

Filed 3/30 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 25 1908 to March 28 1908

that I last saw him alive on March 25 1908,

and that death occurred, on the date stated above, at 7 hrs. P. M. The CAUSE OF DEATH was as follows:

Asthenia and old age

(DURATION) 10 DAYS

Contributory Gastritis

(DURATION) 12 DAYS

(Signed) H. O. Knudsen M. D.

March 29 1908 (Address) 641 S. Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: U. S. National Cemetery

DATE OF BURIAL: March 31st 1908

UNDERTAKER: Felix B. Pye.

ADDRESS: 1026 E. Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C10687

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 2132 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Jane Jackson.

{ Residence, if in Baltimore, Give Street and Number. } 2132 Druid Hill Ave.

Duration of Residence in Baltimore. Life C10897

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Mulatto

DATE OF BIRTH Sept. 20. 1

AGE 97 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Richard H. Cooper.

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Lester Paul.

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Laundress.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Upshur.

(Address) 2132 Druid Hill Ave

Filed 3/30 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1908

I HEREBY CERTIFY, That I attended deceased from Mar 27 1908 to Mar 26 1908, that I last saw h[illegible] alive on Mar 28 1908, and that death occurred, on the date stated above, at [illegible] a. m. CAUSE OF DEATH (Secondary or Immediate) Anaemia.

(DURATION) 30 DAYS

Contributory (Primary.) Pulmonary Tuberculosis

5 months (DURATION) DAYS

(Signed) R. De G. Tilley. M.D.

Address 2143 Pennsylvania Ave

Date March 29. 1908

Place of Burial Mt Auburn Cemetery

Date April 1st 1908

Undertaker Felix B Pye.

Address 1026 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

119

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10888

(552)

City of Baltimore, (No. 552 Moore alley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sadie Ockeny

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 16 years, 4 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Samuel Ockeny.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rachel Henson.

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. Wm. H. Gilbert.

(Address) 552 Moore St

Filed 3/30 1908 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March ~~April~~ 17 1908 to March 28 1908 that I last saw h er alive on March 26 1908, and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Acute Bright's Disease of the Kidneys

(DURATION) 30 DAYS

Contributory Pneumonia

(DURATION) 30 DAYS

(Signed) W. H. Gilbert M.D.

3.28 1908 (Address) 207 N Liberty St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery | DATE OF BURIAL: Mar 31st 1908

UNDERTAKER: Felix B Pye | ADDRESS: 102 E Saratoga St

WM. J. C. DULANY CO., BALTIMORE

Ward ..... C10889 Registered No. .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 41 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Winegum

{Residence, if in Baltimore, Give Street and Number.} 41 N. Caroline St.

Duration of Residence in Baltimore. 13 years C10889

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 25 1876

AGE: 31 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Abraham Gordon

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ida Yashovitz

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Schein

(Address) 713 N. High St

Filed 3/30 1908

HARRY C. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 30 1908

that I last saw h er alive on March 30 1908

and that death occurred, on the date stated above, at 4445 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) ..... DAYS

Con'ributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) T. Frederick Leitz M.D.

Address 1340 W. North Ave

Date March 30 1908

Place of Burial Hebrew Sharey Zion Cem

Date Mar. 30, 1908

Undertaker Max Lessner

Address 1620 McCulloh St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10890 Registered No. B [illegible]

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1816 Bank St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Cromwell

{Residence, if in Baltimore, Give Street and Number.} 1816 Bank St

Lifetime C10890

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Aug 7 1838

AGE: 69 years, 7 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joshua Cromwell

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Ann Vain

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry E. Cromwell

(Address) 1836 Pratt st

Filed 3/30 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 26 1908

I HEREBY CERTIFY, That I attended deceased from March 12 1908 to March 26 1908 that I last saw him alive on March 26 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pleuro-pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Variola temporalis

(DURATION) DAYS

(Signed) David Stutt M.D.

Address 712 Park Ave.

Date March 27th 1908

Place of Burial Baltimore Cemetery

Date March 30th 1908

Undertaker H. Sandy Powers

Address 1710 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] C10691 Registered No. B [illegible]

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 2411 Foster ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johanna Ebbinghouse

{ Residence, if in Baltimore, Give Street and Number. } 2411 Foster ave

Duration of Residence in Baltimore. 55 years C 10891

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 26th 1832

AGE: 76 years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Flecker

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Ebbinghouse

(Address) 2411 Foster Ave.

Filed 3/30 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 29th 1908

I HEREBY CERTIFY, That I attended deceased from March 13 1908 to March 28 1908 that I last saw h[illegible] alive on March 28 1908, and that death occurred, on the date stated above, at 11.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Senile Debility

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) John Koch M.D.

Address 2007 Eastern Ave.

Date March 30 1908

Place of Burial Mt. Carmel Cemetery

Date March 31st 1908

Undertaker H. Sauer & Son

Address 711 Canton ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

114

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Oehler

{ Residence, if in Baltimore, Give Street and Number. } Chester S. C.

Duration of Residence in Baltimore.....

C10892

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 3rd 1866

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. McConnell

(Address) Chester S. C.

Filed 3/30 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1908

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to March 29 1908

that I last saw him alive on March 29 1908

and that death occurred, on the date stated above, at 11.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Abscess

Cerebral Meningitis and Pericarditis.

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) W. H. Welch M.D.

Address Johns Hopkins Hospital

Date March 29 1908

Place of Burial Chester S. C.

Date Mar 30 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C10353 Registered No. B C10893

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 242 S. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Steven Jones

{Residence, if in Baltimore, Give Street and Number.} 242 S. Durham

Duration of Residence in Baltimore. Life C10893

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH 1859

AGE 49 years, ✓ months, ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) md.

FULL NAME OF FATHER Eli Jones

BIRTHPLACE OF FATHER (State or country) md.

MAIDEN NAME OF MOTHER mary Trusty

BIRTHPLACE OF MOTHER (State or country) md.

OCCUPATION OF DECEASED Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore White

(Address) 1702 Gough

Filed 3/30 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29th 1908

I HEREBY CERTIFY, That I attended deceased from March 28 1908 to March 29 1908

that I last saw him alive on ... 190..8..,

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) 2 DAYS

Con'tributory (Primary.) Senility

(DURATION) ... DAYS

(Signed) J. L. Wagner M.D.

Address 1735 Bank st

Date March 30th 1908

Place of Burial Mt. Zion Cemetery

Date April 1st 1908

Undertaker Theodore White

Address 1702 Gough st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 Registered No. B C10894

C10894

118

CERTIFICATE OF DEATH.

(Place of Death.) No. In Harbor (St Louis Point) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benj. F. Mahoney

{ Residence, if in Baltimore, Give Street and Number. } Denton, Caroline Co. Md

Duration of Residence in Baltimore. Immediate

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR White

DATE OF BIRTH —— 1

AGE 14 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Robt. F. Mahoney

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Josephine Brandt

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Mahoney

(Address) Denton, Caroline Co. Md

Filed 3/30 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 30 1908

I HEREBY CERTIFY, That I attended deceased from Mar 28 1908 to Mar 30 1908

that I last saw h— alive on — 190—

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis (Septic)

(DURATION) 2 DAYS

Contributory (Primary.) Appendicitis

(DURATION) 7 DAYS

(Signed) Benj. F. Stanley Cooper M.D.

Address 216 E. Centre St

Date Mar. 31 1908

Place of Burial Denton Caroline Co Md

Date Mar 30 1908

Undertaker Armstrong Demy Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C10895

C10895

CERTIFICATE OF DEATH.

117

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Phillip McGraw

{Residence, if in Baltimore, Give Street and Number.} 841 W. Fayette St.

Duration of Residence in Baltimore. 56 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Unknown 1

AGE 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John McGraw

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Madigan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Machinist.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward McGraw

(Address) 841 W Fayette St

Filed 3/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3-28 1908

I HEREBY CERTIFY, That I attended deceased from 3-24 1908 to 3-28 1908

that I last saw him alive on 3-28 1908

and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Oedema

(DURATION) DAYS

Contributory, (Primary.) Cirhosis of Liver (DURATION) 1 year.

(Signed) W. W. Brown M.D.

Address Md. Gen. Hosp

Date 3-28 1908.

Place of Burial St Peters Cemetery

Date March 31st 1908

Undertaker H. W. Jenkins & Sons Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1051 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alfred M. Dennis

{Residence, if in Baltimore, Give Street and Number.} 1051 W. Lexington St

Duration of Residence in Baltimore. Life C10896

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1 —

AGE: 50 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Geo. M. Dennis

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Henrietta Green

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Dennis

(Address) 1051 W. Lexington

Filed 3/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1908

I HEREBY CERTIFY, That I attended deceased from March 24 1908 to March 29 1908 that I last saw him alive on March 29 1908 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Con'tributory (Primary) Cow pox

Pneumonia (DURATION) 5 DAYS

(Signed) John Stuck M.D.

Address 647 N. Lafayette Ave

Date March 30 1908

Place of Burial Mt. Auburn Cemetery

Date Wednesday April 1 1908

Undertaker Alex. Hensley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C10897

Registered No. B

City of Baltimore, (No. 322 E. Lafayette Ave St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francesca Castle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Jany (Month) 24 (Day) 1836 (Year)

AGE: 71 years, 9 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Balto md.

FULL NAME OF FATHER: John N. Murphy

BIRTHPLACE OF FATHER (State or country): Harford Co Md.

MAIDEN NAME OF MOTHER: Sarah Miller

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sterling

(Address) 322 E. Lafayette Ave

Filed 3/30 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 29 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from February 25 1908 to March 28th 1908

that I last saw her alive on March 28 1908,

and that death occurred, on the date stated above, at 3.15 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 32 DAYS

Contributory Arterio-Sclerosis

(DURATION) 5 years DAYS

(Signed) Edmund Gibbs M. D.

March 29 1908 (Address) 316 E. Fort Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Mch 31 1908

UNDERTAKER: E. W. Mitchell — ADDRESS: 12 E. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C10698 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant asylum — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Georgie Miller —

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asy.

Duration of Residence in Baltimore. Lifetime C10898

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR W.
DATE OF BIRTH February 5 1907	
AGE 1 years, 2 mont's, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER Mary. Miller	
BIRTHPLACE OF MOTHER (State or country) Germany.	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infant Asy.

(Address)

Filed 3/30 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1908

I HEREBY CERTIFY, That I attended deceased from March 25 1908 to March 29 1908

that I last saw h alive on " 1908

and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia —

(DURATION) 5 DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) JS. Fisher M.D.

Address 9. E. Biddle St.

Date March 29 1908

Place of Burial St Peters R Cem ~~Cathedral~~

Date March. 31 1908

Undertaker E M. Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 10899

City of Baltimore, (No. 308, N. Stricker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amelia Baker,

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH	Aug (Month) 9 (Day) 1852 (Year)
AGE	55 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Stephen Hayse
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Cena Mitchell
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Capt Baker

(Address) 308 N Stricker st

Filed 3/30 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 30th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 25th 1908 to March 29th 1908 that I last saw h e alive on March 29 1908, and that death occurred, on the date stated above, at 12 A. M. The CAUSE OF DEATH was as follows:

Acute Rheumatic Fever, with Cerebral complications

(DURATION) 63 DAYS

Contributory

(DURATION) DAYS

(Signed) Charles Gelb M. D.

March 30 1908 (Address) 1111 W. Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	April 1 1908
UNDERTAKER	ADDRESS
E M Mitchell	1201 W Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

6

(Place of Death.) No. 117 Curley St- St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eleanora Bolger

{ Residence, if in Baltimore, Give Street and Number. } 117 Curley St-

Duration of Residence in Baltimore. 1 Yr C10900

PERSONAL AND STATISTICAL PARTICULARS

SEX F Female | COLOR White

DATE OF BIRTH Mar 26 1907

AGE 1 years, ... months, (5) days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER David J. Bolger

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary A. Devlin

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David J. Bolger

(Address) 117 N. Curley St

Filed 3/30 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 30 1908

I HEREBY CERTIFY, That I attended deceased from Mar 28 1908 to Mar 30 1908 that I last saw h[er] alive on Mar 29 1908, and that death occurred, on the date stated above, at 7:00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Measles

(DURATION) ..... DAYS

(Signed) Bernard Wos M.D.

Address 825 E Chase St.

Date Mar 30 1908

Place of Burial St Peters Cemetery

Date April 1st 1908

Undertaker Chas. F. Evans

Address 118 N. Mt. Royal

WM. J. C. DULANY CO., BALTIMORE.

Est to Wednesday 10 A.M. Ctf

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Register No. 77.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1330 Hillman St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anne Toulan

{Residence, if in Baltimore, Give Street and Number.} 1330 Hillman St.

Duration of Residence in Baltimore. 15 years C 10901

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 31 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Thos. McLaughlin

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Kearns

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Toulan

(Address) 1330 Hillman St.

Filed 3/30 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

L Buck

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28th 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 15th 1908 to March 28th 1908 that I last saw h— alive on March 24th 1908 and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferson Buck M.D.

Address 2544 St. Paul St.

Date March 30th 1908

Place of Burial Cathedral

Date March 31, 1908

Undertaker H. C. Weidefeld

Address 914 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

2544 N. Charles

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 417 E. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John E. Bonce

{ Residence, if in Baltimore, Give Street and Number. } 417 E. Spring St

Duration of Residence in Baltimore.

C10902

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: about 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: unknown.

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Connelly

(Address) 2900 York Road

Filed 3/31 " 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1908

I HEREBY CERTIFY, That I attended deceased from March 1, 1908 to March 29 1908

that I last saw him alive on March 27 1908,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

about 2 Mos. (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) 2 Wks DAYS

(Signed) Geo. Keller M.D.

Address 1937 Gough St

Date March 30, 1908

Place of Burial National Cem.

Date March 31 1908

Undertaker Jno B Hough & Co

Address 1722 Penna ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 905 N. Bond. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Pycha

{Residence, if in Baltimore, Give Street and Number.} 905 N. Bond.

Duration of Residence in Baltimore. 38 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH ——— 1860

AGE 47 years, ——— months, ——— days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Pycha

(Address) 905 N Bond

Filed 3/31 " 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 28 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6:15

..... M. CAUSE OF DEATH (Secondary or Immediate.)

..... R. Nephritis

..... (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo. H. Rawlins M.D.

Address Druid Hill Ave.

Date Mar 28 1908

Place of Burial Holy Redeemer

Date Mar 31 1908

Undertaker Robt J Turner

Address 1422 N. Gay,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10904 Registered No. D

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 N Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name David Young

{Residence, if in Baltimore, Give Street and Number.} 214 N. Bethel St

Duration of Residence in Baltimore. Life C10904

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colard

DATE OF BIRTH: 1

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Ulysses Young

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Estella Taylor

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estella Taylor

(Address) 214 N Bethel st

Filed 3/31 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 29 1908

I HEREBY CERTIFY, That I attended deceased from March 19 1908 to March 27 1908

that I last saw h[illegible] alive on March 27 1908

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address Balto Eastern Dispensary

Date March 30 1908

Place of Burial Laurel Cemetery

Date March 31 1908

Undertaker R. S. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C1650 Registered No. B [illegible]

CERTIFICATE OF DEATH.

153

(Place of Death.) No. 1350 Carroll St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robt Talbott

{Residence, if in Baltimore, Give Street and Number.} 1350 Carroll

Duration of Residence in Baltimore. Life C 10905

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colord

DATE OF BIRTH: XXX Jan 1908

AGE: ..... years, 2 months, 21 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltic

FULL NAME OF FATHER: Robt Talbott

BIRTHPLACE OF FATHER (State or country): Baltic city

MAIDEN NAME OF MOTHER: Mary Barns

BIRTHPLACE OF MOTHER (State or country): Baltic city

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Barns

(Address) 1350 Carroll St

Filed 3/31 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

Want Care

(DURATION) ..... DAYS

Contributory (Primary.) Want Mother

(DURATION) ..... DAYS

(Signed) Emmet Jones M.D.
Coroners

Address .....

Date March 30 1908

Place of Burial Mount auburn cem

Date Mar 31 29 1908

Undertaker Robt Brookeson

Address 1204 W Baltic St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) ~~No.~~ St Joseph's Hospital ~~St.~~ (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Benjamin Somers

{Residence, if in Baltimore, Give Street and Number.} 1118 Hopkins Ave

Duration of Residence in Baltimore. 20 years C10906

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH Nov. 5 1884.

AGE 26 years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) King George Court House Va.

FULL NAME OF FATHER Silas Somers

BIRTHPLACE OF FATHER (State or country) Crisfield Md.

MAIDEN NAME OF MOTHER Eliza Games

BIRTHPLACE OF MOTHER (State or country) Culpepper Va.

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Scott

(Address) 2326 E. Federal

Filed 3/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30, 1908

I HEREBY CERTIFY, That I attended deceased from March 26 1908 to March 30 1908

that I last saw h~~im~~ alive on March 30 1908

and that death occurred, on the date stated above, at 7.2[illegible] A. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

Ca.

(DURATION) 9 DAY

Contributory (Primary) Acute Lobar Pneu-

monia (DURATION) 9 DAY

(Signed) Eugene L. Passano M.D

Address St Joseph's Hosp.

Date March 30, 1908

Place of Burial Baltimore Cemetery

Date ~~Mch~~ April 1 1908

Undertaker L. Fenn McCarthy

Address 39 E. Fort Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ...

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Baltimore City Hospitals St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Robert Bishop

{ Residence, if in Baltimore, Give Street and Number. } B 1814 N Henry St

Duration of Residence in Baltimore. Life C 10907

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Dec 24 1833

AGE: 74 years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jas Bishop

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lydia J Moore

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm D Bishop

(Address) 839 N Fremont St

Filed 3/31 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 30 1908

I HEREBY CERTIFY, That I attended deceased from March 17 1908 to March 30 1908

that I last saw him alive on March 30 1908,

and that death occurred, on the date stated above, at 2.05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis & Cystitis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) W W Cole M.D.

Address Baltimore City Hospitals

Date March 30 1908

Place of Burial Western Cemetery

Date April 2 1908

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B

C10908

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 5 Marriott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael B. Kelly

{Residence, if in Baltimore, Give Street and Number.} 5 Marriott Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Wh

DATE OF BIRTH November 1876

AGE 31 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Bernard Kelly

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Dunken

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Hudson

(Address) 1271 Durst alley

Filed 3/31 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30th 1908

I HEREBY CERTIFY, That I attended deceased from December 8th 1907 to March 30th 1908 that I last saw him alive on March 29th 1908, and that death occurred, on the date stated above, at 10.50 a.m. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) DAYS

Contributory (Primary.) Disease of Heart

Valvular — (DURATION) 112 DAYS

(Signed) John G. Kolb day M.D.

Address 714 York Ave

Date March 30th 1908

Place of Burial Mt Olivet Cem

Date April 1 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

Remove to 1013 Wells St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

119

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10309

City of Baltimore, (No. 714 Mc Henry St.; 21 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles R. Hunkel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 26 1885 (Month) (Day) (Year)

AGE: 22 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: John Hunkel

BIRTHPLACE OF FATHER (State or country): Penna.

MAIDEN NAME OF MOTHER: Bridget Hallinan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. John Hunkel

(Address) 714 Mc Henry St.

Filed 3/31 1908

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 28th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 26 1908 to March 28 1908

that I last saw him alive on March 28 1908,

and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

Acute Uraemia & Convulsions

(DURATION) 3 DAYS

Contributory Acute Nephritis

(DURATION) ——— DAYS

(Signed) R.A. Warner M.D.

3/29 1908 (Address) 873 N. Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem. DATE OF BURIAL: March 31 1908

UNDERTAKER: Jos. B. Cook ADDRESS: 1003 W. Balto St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

109

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10910

City of Baltimore, (No. 2202 Ramsay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minnie Scheffel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Mulatto

DATE OF BIRTH: July (Month) 5 (Day) 1907 (Year)

AGE: ..... years, 8 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Scheffel

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Schneider

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr John Scheffel

(Address) 2202 Ramsay St

Filed 3/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar (Month) 29 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 28 1908 to Mar 29 1908

that I last saw h... alive on Mar 29 1908,

and that death occurred, on the date stated above, at ——— A. M. The CAUSE OF DEATH was as follows:

Pneumonia Hypostatic

(DURATION) 12 hours DAYS

Contributory Intestinal Indigestion

(DURATION) 3 DAYS

(Signed) Howard Kahn M. D.

3/30 1908 (Address) 2027 Eutaw Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: March 31 1908

UNDERTAKER: Mrs Geo. P. Paulus

ADDRESS: 210 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 579 St Paul St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Blanche Winn

{ Residence, if in Baltimore, Give Street and Number. } 579 St Paul st

Duration of Residence in Baltimore. life

C 10911

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: unmarried

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housemaid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Winn

(Address) 579 St Paul St

Filed 3/31 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 28, 1908

I HEREBY CERTIFY, That I attended deceased from Mar 25 1908 to Mar 28 1908

that I last saw h — alive on — 190—,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

Intestinal Hemorrhage

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. W. Hayden M.D.
Coroner

Address 1216 E. Oriskany St

Date Mar. 30 — 1908

Place of Burial Samuel Gun

Date March 31 1908

Undertaker R. A. Elliott

Address 616 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

Registered No. B C10912

City of Baltimore, (No. 1700, Eutaw Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Adler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: ... (Month) ... (Day) 1 (Year)	
AGE: 66 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: "	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. S. Adler

(Address) 1700 Eutaw Pl

Filed 3/31 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1905 to March 29 1908 that I last saw h alive on March 29 1908 and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Myocarditis & asthenia

(DURATION) 21 DAYS

Contributory Myocarditis morbus

(DURATION) 2 years

(Signed) J. J. Heuer M. D.

2/90 1908 (Address) 1510 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	April 1 1908
UNDERTAKER	ADDRESS
Hart Sonnheim	923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

Ward 17 C10913 Registered No. B 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 523 N. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Winfield Fisher

{ Residence, if in Baltimore, Give Street and Number. } 523 N. West St

Duration of Residence in Baltimore. Life

C10913

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: years, 2 months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): md	
FULL NAME OF FATHER: unknown	
BIRTHPLACE OF FATHER (State or country): unknown	
MAIDEN NAME OF MOTHER: Maggie Fisher	
BIRTHPLACE OF MOTHER (State or country): md	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Fisher

(Address) 520 West St

Filed 3/31 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31st 1908

I HEREBY CERTIFY, That I attended deceased from March 29 1908 to 30th 1908

that I last saw him alive on March 30, 1908,

and that death occurred, on the date stated above, at 12.15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Enteritis

(DURATION) 2 1/2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. L. Nuckols M.D.

Address 504 S. Paca St

Date March 31st 1908

Place of Burial Mt Auburn

Date April 1 1908

Undertaker John H. Toadvine

Address 142 W. Hill

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 656 Cider Alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Moore

{ Residence, if in Baltimore, Give Street and Number. } 636 Cider Alley

Duration of Residence in Baltimore. 10 yrs

C10914

PERSONAL AND STATISTICAL PARTICULARS

SEX Mal

COLOR Colored

DATE OF BIRTH 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Moore

(Address) 636 Cider Alley

Filed 3/31 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28 1908

I HEREBY CERTIFY, That I attended deceased from March 24 1908 to March 28 1908 that I last saw h[e] alive on March 28 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Anasarca

(DURATION) 17 DAYS

Contributory (Primary.) Nephritis

(DURATION) (?) DAYS

(Signed) H S McCard M.D.

Address 2005 Orund Ave

Date March 31 1908

Place of Burial Mt Auburn cemetery

Date March 31 1908

Undertaker Wm H Hooper

Address 609 Lit Pacca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 916 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Schwarzkopf

{Residence, if in Baltimore, Give Street and Number.} 916 N. Caroline St.

Duration of Residence in Baltimore. 5 years C10915

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 2nd 1820

AGE: 87 years, 7 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Schwarzkopf

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Maynard Schwarzkopf

(Address) 916 N. Caroline St

Filed 3/31 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29th 1908

I HEREBY CERTIFY, That I attended deceased from March 1st 1908 to March 29th 1908 that I last saw him alive on March 28th 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Senility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Selden M.D.

Address 1407 Eager St

Date March 30th 1908

Place of Burial Holy Redeemer Cemetery

Date April 1st 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C10916 Registered No. B C10916

CERTIFICATE OF DEATH.

(Place of Death.) No. 835 N. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles L. Hopwood.

{ Residence, if in Baltimore, Give Street and Number. } 835 N. Eutaw St

Duration of Residence in Baltimore. 14 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 23 1841

AGE: 66 years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Frederick City Md

FULL NAME OF FATHER: Jas. Hopwood

BIRTHPLACE OF FATHER (State or country): Frederick City

MAIDEN NAME OF MOTHER: Mary A. Walker

BIRTHPLACE OF MOTHER (State or country): Frederick City Md

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. A. Hopwood (Son)

(Address) 835 N. Eutaw St.

Filed 3/31 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 29 1908

I HEREBY CERTIFY, That I attended deceased from March 23 1908 to March 29 1908 that I last saw h[e] alive on March 28 1908 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Heart failure

(Myocarditis)

(DURATION) DAYS

Contributory (Primary.)

Angina Pectoris (DURATION) DAYS

(Signed) W. T. Atkemp M.D.

Address 8 W. 25th St

Date March 29 1908

Place of Burial Loudon Park

Date Mch 31 1908

Undertaker Wm. Tesseyer & Sons

Address Caldwell ave & Fr

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

40

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10917

City of Baltimore, (No. 2014 N Chester St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dollie L Richardson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH January 11 1838 (Month) (Day) (Year)

AGE 70 years, 2 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Wm Haynes

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary Street

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T H Ridgaway

(Address) 2014 N Chester St.

Filed 3/31 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 11 1907 to March 29 1908 that I last saw h[illegible] alive on March 29 1908, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Cancer of Liver

about 4 mos. (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) J. McHenry Lee M. D.

March 30 1908 (Address) 1009 Cathedral

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park — DATE OF BURIAL March 31 1908

UNDERTAKER W. J. McInerney & Son — ADDRESS Caroline & Eden

Ward 4

CERTIFICATE OF DEATH.

C10318

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Yungling

{ Residence, if in Baltimore, Give Street and Number. } 841 Hollins st

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH 1832

AGE 76 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C. K. Yungling

(Address) Washington D.C.

Filed 3/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 14 1908 to March 29 1908

that I last saw h.. alive on March 29 1908,

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate.)

General asthenia

(DURATION) DAYS

Contributory (Primary.) Mitral insufficiency

Chr. Interstitial Nephritis (DURATION) DAYS

(Signed) J. H. Legg. M.D.

Address University Hospital

Date Mar. 31 1908

Place of Burial Baltimore Cem.

Date April 1 1908

Undertaker Chas. E. Francis

Address 746 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C16919 Registered No. B C16919

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. Sydenings

{Residence, if in Baltimore, Give Street and Number.} Edmondson Ave. Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black.

DATE OF BIRTH: 1858

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased

(Address) Ds Gen

Filed 3/31 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 12 1908 to March 28 1908

that I last saw h living alive on March 28 1908

and that death occurred, on the date stated above, at 11 A. M., CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) W. W. Bowen M.D.

Address Md. Gen. Hosp.

Date March 28, 1908.

Place of Burial JOHNS HOPKINS HOSPITAL

Date Mar 31 1908

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C10520

CERTIFICATE OF DEATH. 14

(Place of Death.) No. 237 N Fulton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benj. F. Hauer Sr

{Residence, if in Baltimore, Give Street and Number.} 237 N Fulton ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Benj F Hauer

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary A. Meagher

(Address) 237 N Fulton Ave

Filed 3/31 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30th 1908

I HEREBY CERTIFY, That I attended deceased from March 15th 1908 to March 30 1908

that I last saw h alive on March 29 1908

and that death occurred, on the date stated above, at 7.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Gastric Stenosis

(DURATION) 15 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) M. G. Smith M.D.

Address 1628 W Lexington

Date March 30 1908

Place of Burial Cathedral Cem.

Date April — 1 — 1908

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C10521 Registered No. B 44

CERTIFICATE OF DEATH.

(Place of Death.) No. 412 N. Ann St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Dunigan

{Residence, if in Baltimore, Give Street and Number.} 412 N. Ann St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Patrick Dunigan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Smith

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgiana Dunigan

(Address) 412 N. Ann St.

Filed 3/31 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 1908

I HEREBY CERTIFY, That I attended deceased from March 28, 1908 to March 30 1908 that I last saw him alive on March 29 1908 and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of face.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) W. O. Hatch M.D.

Address Johns Hopkins Hospital

Date March 3 1908

Place of Burial Balto. Cemetery

Date April 1 1908

Undertaker Woolcock

Address 1929 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the deceased, and the *cause and date of death.*

Ward 15 C10522 Registered No. B C10522

CERTIFICATE OF DEATH. 47

(Place of Death.) No. Maryland Gen'l Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles W. Bump

{Residence, if in Baltimore, Give Street and Number.} Forest Park, Balto. Md.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH 1

AGE 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Orlando F Bump

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Sarah E Weathers

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Editor Evening News

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah E Bump Wife

(Address) 920 N Calvert St

Filed 4/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30, 1908

I HEREBY CERTIFY, That I attended deceased from March 27 1908 to March 30 1908

that I last saw him alive on March 30 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pericarditis

(DURATION) 3 DAYS

Contributory (Primary.) Inflammatory Rheumatism (DURATION) 14 DAYS

(Signed) W. W. Bowen M.D.

Address Md. Gen'l Hospital

Date March 30, 1908

Place of Burial Loudon Park

Date April 2nd 1908

Undertaker H E Hughes

Address 1709 Bundy

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C10923 Registered No. B

CERTIFICATE OF DEATH.

74

(Place of Death.) No. 2223 E Baltimore St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna May Worsley.

{Residence, if in Baltimore, Give Street and Number.} 2223 E Balto St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 6 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wilbur C Dorsey

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Frederick

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. C. Dorsey Pa 7687

(Address) 2223 E Balto St

Filed 4/1 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1908

I HEREBY CERTIFY, That I attended deceased from March 30 1908 to March 31 1908 that I last saw her alive on March 31 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nervious Prostration following Shock

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. T. Spickernell M.D.

Address 14 N Patterson Pk Ave

Date March 31 1908

Place of Burial Balto Cemetery

Date April 2 nd 1908

Undertaker J. E. Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10524 Registered No. B C10524

CERTIFICATE OF DEATH. 95

(Place of Death.) No. 649 Portland " St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John. H. Inureschi

{Residence, if in Baltimore, Give Street and Number.} 649 Portland "

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Febry 26 1908

AGE: 0 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: C

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Inureschi

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Gertrude A. Brose

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Inureschi

(Address) 217 S. Pacca

Filed 4/1 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1908

I HEREBY CERTIFY, That I attended deceased from March 15 1908 to March 31 1908 that I last saw h er alive on March 30 1908, and that death occurred, on the date stated above, at 5.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 3 DAYS

Contributory (Primary) congestion of lungs (DURATION) 15 DAYS

(Signed) Leo R Graham M.D.

Address 725 Columbia ave

Date March 31 1908

Place of Burial Western Cem

Date April 1 1908

Undertaker Jos. Inureschi. Son

Address 217 S. Pacca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C10925 Registered No. B [illegible]

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1445 Boyle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ester L. E. Klebe

{ Residence, if in Baltimore, Give Street and Number. } 1445 Boyle st

Duration of Residence in Baltimore. 10 months C10925

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 19 1906

AGE: 2 years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Adam L. Klebe

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Cordelia Geisler

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam L. Klebe

(Address) 1445 Boyle st.

Filed 4/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to March 30 1908 that I last saw her alive on March 30 1908, and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxia

Exhaustion Lung failure

(DURATION) 1 DAYS

Contributory (Primary.) Marasmus

(DURATION) 90 DAYS

(Signed) E. Judson Miller M.D.

Address 1202 W. Baltimore

Date March 30 1908

Place of Burial London Park

Date April 1 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., Baltimore.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

46

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur M. Fulty

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

C 10926

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Mass.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Ferry-man

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamer Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March. 28 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1908 to March 28 1908

that I last saw him alive on March. 27 1908,

and that death occurred, on the date stated above, at 1 ..... A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Hydronephroma

..... (DURATION) ..... DAYS

(Signed) W. H. F. Bay, M.D.

Address Bay View

Date March. 29 1908

Place of Burial Sacred Heart

Date April 1st 1908

Undertaker Chas E. Evans

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

1920

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Michael O'Day

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

C 10927

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 82. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lemar Holyday Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 1908.

I HEREBY CERTIFY, That I attended deceased from March 18 1908 to Mar 30 1908 that I last saw h[illegible] alive on March 30 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

..... (DURATION) ..... DAYS

Contributory (Primary.) Nephritis

..... (DURATION) ..... DAYS

(Signed) Robt F. Bay M.D.

Address Bay View

Date March 30 1908

Place of Burial Sacred Heart

Date April 1" 1908

Undertaker Chas F. Evans

Address 118 & 120 W. Mt. Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C10928

CERTIFICATE OF DEATH.

65

(Place of Death.) No. 1702 Sherman Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Sellman

{ Residence, if in Baltimore, Give Street and Number. } 1702 Sherman Place

Duration of Residence in Baltimore. 15 yrs.

C10928

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —— 1 ——

AGE: 80 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Annapolis Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Lockman

(Address) 1702 Sherman Place

Filed 4/1 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 30 1908

I HEREBY CERTIFY, That I attended deceased from Coroners Case 190 to 190

that I last saw him alive on 190,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Softening

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Wm. P. Hayden M.D. Coroner

Address 1216 N. Caroline st.

Date April 1st 1908

Place of Burial Mt Auburn

Date April the 1 1908

Undertaker James H. Dennis

Address 1772 Presstman

WM. J. C. DULANY CO., BALTIMORE

Ward 10 C1629 Registered No. B [illegible]

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 1820 E. Federal St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Margaret Bradley

{Residence, if in Baltimore, Give Street and Number.} 1820 E. Federal St.

Duration of Residence in Baltimore. Not known

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER Dennis Driscoll

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Ellen Dorgan

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew J. Bradley

(Address) 1820 E. Federal St.

Filed 4/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 30 1908

I HEREBY CERTIFY, That I attended deceased from Mar 26 1908 to Mar 30 1908 that I last saw h[illegible] alive on Mar 30 1908, and that death occurred, on the date stated above, at 5.35 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary oedema

(DURATION) 1 DAYS

Contributory (Primary.) Mitral regurgitation

Several years (DURATION) DAYS

(Signed) Bernard Wms M.D.

Address 825 E Chase St

Date Balto Md Mar 30 1908

Place of Burial New Cathedral Cemetery

Date April 2nd 1908

Undertaker Henry Hoeck Sons

Address 1301 E. Eager St.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 610 Scott St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Florence Iona Gerberg

{Residence, if in Baltimore, Give Street and Number.} 610 Scott St

Duration of Residence in Baltimore. Life time C 10930

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 12 1895

AGE 12 years, 4 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John H Gerberg

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Cora Deaver

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John H Gerberg

(Address) 610 Scott St

Filed 4/1 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 1908

I HEREBY CERTIFY, That I attended deceased from March 2 1908 to March 30 1908

that I last saw h[illegible] alive on March 30 1908,

and that death occurred, on the date stated above, at 3

P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 21 DAYS

Contributory (Primary.)

Consumption (DURATION) ? DAYS

(Signed) Edward [illegible] M.D.

Address 917 Scott St

Date March 30 1908

Place of Burial Mt Olivet Cemetery

Date April 1st 1908

Undertaker Geo D Gerberg

Address 14 S Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C16331 Registered No. B

179

CERTIFICATE OF DEATH.

(Place of Death.) No. In a wagon from burial ground to Watson st. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Taylor

{ Residence, if in Baltimore, Give Street and Number. } 1113 Watson st

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Henry Taylor

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Teamster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Taylor

(Address) 1113 Watson St

Filed 4/1 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h— alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 3204 Greene St

Date 190

Place of Burial Laurel Cemetery

Date April 2 1908

Undertaker Felix B. Pyle

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C16932 Registered No. B C16932

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1134 Carroll St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida B. Derr

{Residence, if in Baltimore, Give Street and Number.} 1134 Carroll

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: James Fitzgerald

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Emilia Fitzgerald

BIRTHPLACE OF MOTHER (State or country): Ireland --

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Field

(Address) 1200 W. Fayette

Filed 4/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30. 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to March 30 1908 that I last saw her alive on March 25 1908, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of Heart

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) J. McLennan M.D.

Address 608 S. Paca St

Date March 30 1908

Place of Burial Loudon Park

Date April 2nd 1908

Undertaker John J. Field

Address 1200 W. Fayette st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C16563 Registered No. D .....

20

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name H. V. Warner

{ Residence, if in Baltimore, Give Street and Number. } 245 N. Carey St. city.

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH Feby 22 1857

AGE 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Hagerstown Md

FULL NAME OF FATHER Vernon H Warner

BIRTHPLACE OF FATHER (State or country) Hagerstown Md

MAIDEN NAME OF MOTHER Mary Min

BIRTHPLACE OF MOTHER (State or country) Hagerstown Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vernon H Warner

(Address) 245 N Carey

Filed 4/1 1908 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31st 1908

I HEREBY CERTIFY, That I attended deceased from March 21st 1908 to March 31st 1908

that I last saw h[illegible] alive on " " 1908

and that death occurred, on the date stated above, at 5 a m. CAUSE OF DEATH (Secondary or Immediate.)

Septicemia after infection.

(DURATION) DAYS

Contributory (Primary.) abdominal abscess. Peritonitis.

(DURATION) DAYS

(Signed) B. P. Mitze M.D.

Address 1039 Edmondson Ave.

Date 1908

Place of Burial Fairview Md

Date Apl 2nd 1908

Undertaker Robt J Turner

Address 1424 Pitts.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1016 Argyle Ave C10934 St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Annie R. Shadrow

{Residence, if in Baltimore, Give Street and Number.} 1016 Argyle Ave.

Duration of Residence in Baltimore. Thirty-five years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Dont Know 190[illegible]

AGE about 55 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Brooks

(Address) 1117 W. Pratt Ave

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 30th 1909

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease

died suddenly (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address Two Log. Ave. (County)

Date Jan. 30th 190 9

Place of Burial Laurel Cemetery

Date April 2 190 9

Undertaker John A. Brooks

Address 1117 W. Pratt Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

C10935

Registered No. B.....

City of Baltimore, (No. 1801 E. Chase St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Peter M. Wittmer,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: November 19th (Month) (Day) 1829 (Year)

AGE: 78 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Wittmer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sophia Hirsh

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired from business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Wittmer

(Address) 1801 E. Chase St

Filed

..... 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Monday March 30th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 20th 1908 to March 30th 1908 that I last saw him alive on March 30th 1908, and that death occurred, on the date stated above, at 8 45 P.M. The CAUSE OF DEATH was as follows:

Pneumonia, (Primary Cause)
Senile Heart with Exhaustion Contributory
Primary (DURATION) 11 DAYS

Contributory ..... (DURATION) 20 hours ~~DAYS~~

(Signed) Wilmer Brinton M. D.

March 31st 1908 (Address) Calvert & Fayette Sts

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	April 2 1908
UNDERTAKER	ADDRESS
A. Fink & Son	915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C10936 Registered No. B C10936

CERTIFICATE OF DEATH. 93

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louise W. Gill

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf Asy

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR W.
DATE OF BIRTH	1
AGE	6 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincent's Inf. Asy.

(Address)

Filed 4/1 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1908

I HEREBY CERTIFY, That I attended deceased from March 26 1908 to March 29 1908 that I last saw h alive on " 1908 and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tubar Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fisher M.D.

Address 9 E. Biddle St.

Date March 29th 1908

Place of Burial Mount Cathedral

Date April 1 1908

Undertaker Martin Faber and Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C16537 Registered No. B C16537

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inft. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josephine Easter

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf Asy.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX G | COLOR W

DATE OF BIRTH March 2 1908

AGE ..... years, ... months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infy.

(Address)

Filed 4/1 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 1908

I HEREBY CERTIFY, That I attended deceased from March 19 1908 to March 30 1908

that I last saw h er alive on " " 1908

and that death occurred, on the date stated above, at 12 noon. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. L. Finlen M.D.

Address 9. E. Biddle St.

Date March 30 1908

Place of Burial New Cathedral

Date March 30 1908

Undertaker Martin Fahey and Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C10538 Registered No. B

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martin McAllen Bennett

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Feb. 22 1908

AGE: ..... years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 4/1 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 1908

I HEREBY CERTIFY, That I attended deceased from March 18 1908 to March 30 1908 that I last saw h~~im~~ alive on ..... 190..... and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate).

Congenital Debility

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) J. S. Finlen M.D.

Address 96 Biddle St.

Date March 30 1908

Place of Burial Mem Cathedral

Date March 31 1908

Undertaker Martin Featherstone Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C10939 Registered No. B

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Walter Bier

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infant Asy.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH 1908

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) St. Vincents Infant Asy.

(Address)

Filed 4/1 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1908

I HEREBY CERTIFY, That I attended deceased from March 15 1908 to March 28 1908 that I last saw h im alive on " " 1908 and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fisher M.D.

Address 9.6. Biddle St.

Date March 29th 1908

Place of Burial New Cathedral

Date April 1 1908

Undertaker Martin Gahigan & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

151

CERTIFICATE OF DEATH.

(Place of Death.) No. #125 N Bond St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Minnie & Saml Myerberg

{Residence, if in Baltimore, Give Street and Number.} 125 N. Bond St

Duration of Residence in Baltimore. Life C10940

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1

AGE — years, — months, 2 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Samuel Meyerberg

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Minnie Turner

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. L. Meyerberg

(Address) 125 N Bond St

Filed 4/1 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 31st 190 8

I HEREBY CERTIFY, That I attended deceased from Mar. 30th 190 8 to Mar-31 190 8 that I last saw h-r alive on Mar 31 190 8, and that death occurred, on the date stated above, at 11. P M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) 1 DAYS

(Signed) J. Heilman M.D.

Address 1920 Lanvale St

Date Mar 31 1908

Place of Burial Hebrew Washington Blvd

Date April 2. 190 8

Undertaker Max Lainiver

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

137

(Place of Death.) No. Hebrew Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Minnie Meyerberg.

{ Residence, if in Baltimore, Give Street and Number. } 125 N. Bond St

Duration of Residence in Baltimore. Life C10941

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 35 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: Henry Pines

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Esther Pines

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr S. Meyerberg

(Address)

Filed 4/1 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 1st 1908

I HEREBY CERTIFY, That I attended deceased from May 31 1908 to April 1 1908

that I last saw her alive on April 1st 1908,

and that death occurred, on the date stated above, at 4 15 A.M. CAUSE OF DEATH (Secondary or immediate.)

Cerebral Hemorrhage,

patient delivered of child at

Hebrew Hospital. May 30/08 (DURATION) 1 DAYS

Contributory (Primary.) Lobar Pneumonia.

(DURATION) 1 DAYS

(Signed) Herbert Bayley Jr. M.D.

Address Hebrew Hospital

Date April 1st 1908

Place of Burial Hebrew Washington Blvd

Date April 2. 1908

Undertaker Mary Lennon

Address 162 a N. Eden St

WM. J. C. DULANY CO., BALTIMORE.

Ward 6 C10942 Registered No. D

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 116 N Montford av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Woodside

{Residence, if in Baltimore, Give Street and Number.} 116 N Montford av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 4 1869

AGE 39 years, 1 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Caleb J. Bond

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary E. Shaney

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Bond.

(Address) 116 N. Montford Ave.

Filed 4/1 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to March 29 1908 that I last saw her alive on March 27 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Stomach & ovaries

about 1 yr (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) Wbenton Cohen M.D.

Address 1828 E. Balto

Date March 31st 1908

Place of Burial Balto. Cemetery

Date April 1st 1908

Undertaker H. Sandy Bond.

Address 1710 Eutaw Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C10943

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 573 N Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Jane Robinson

{Residence, if in Baltimore, Give Street and Number.} 573 N Fremont Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 30th 1845

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: John Robinson

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Sarah Robinson

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Lewis

(Address) 513 N. Fremont ave

Filed 4/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1908

I HEREBY CERTIFY, That I attended deceased from March 12 1908 to March 30 1908 that I last saw her alive on Mar 30 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 19 DAYS

Contributory (Primary.) Apoplexy

(DURATION) 19 DAYS

(Signed) Wilbur P Mozan M.D.

Address 212 W Monument St

Date April 1 1908

Place of Burial Green Mount Cemetery

Date April 2nd 1908

Undertaker George Bentz

Address 594 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 18 Registered No. B C10944

C10944

CERTIFICATE OF DEATH. 151

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lexington

{ Residence, if in Baltimore, Give Street and Number. } Nursery & Childs Hospital

Duration of Residence in Baltimore. life -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 20th 1908

AGE: ..... years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto-

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M R. Sloan

(Address) N & C. H.

Filed 4/1 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 31 1908

I HEREBY CERTIFY, That I attended deceased from March 23 1908 to March 31 1908 that I last saw h alive on March 30 1908, and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Dutrich M.D.

Address 639 N Eutaw St

Date March 31st 1908

Place of Burial COLLEGE OF P. & S

Date APR 1 - 1908 190

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

Commissioner Health
Per. Wm. S. WOODALL

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

37

CERTIFICATE OF DEATH.

C10945

Registered No. B

City of Baltimore, (No. 6 N. Ann St.; — Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bessie A Grace

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug (Month) 7 (Day) 1880 (Year)

AGE: 27 years, 7 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Chas A Grace

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary E Eltonhead

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A Grace

(Address) 6 N Ann

Filed 4/1 1908

HARRY C. ARENTS, FIRST CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 30 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 2 1908 to March 30 1908 that I last saw her alive on March 30 1908, and that death occurred, on the date stated above, at 10.15 P. M. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) 3 DAYS

Contributory Pulmonary Tuberculosis

(DURATION) 8 mos DAYS

(Signed) R T Davis M. D.

1908 (Address) 1507 N Carlton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenlawn | DATE OF BURIAL: April 2 1908

UNDERTAKER: Geo J Smith & Co | ADDRESS: W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 Registered No. D

CERTIFICATE OF DEATH. 167

(Place of Death.) No. 81 Joseph St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Dugan

{Residence, if in Baltimore, Give Street and Number.} 1812 Eutaw Pl.

Duration of Residence in Baltimore. 15 yr. C10946

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1882

AGE 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) West Va.

FULL NAME OF FATHER Henry Dugan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Welsh

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Welsh

(Address) 2518 Wright St.

Filed 4/1 190 8 HENRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 31 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Burns of body.
(acc)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carruthers M.D.
Coroner

Address

Date Apr 1-08 190

Place of Burial Pleasant Hill Cem.

Date Apr 1st 190 8

Undertaker Jno. A. Swan

Address Bank & Arnold

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C10947 Registered No. B [illegible] 81

CERTIFICATE OF DEATH.

(Place of Death.) No. 1922 E. Fayette st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary G. Schmidt

{Residence, if in Baltimore, Give Street and Number.} 1922 E. Fayette

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 17 1832

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Phillip Desch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Ruth

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie Herfel

(Address) 1922 E. Fayette

Filed 4/1 1908 MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March - 30 1908

I HEREBY CERTIFY, That I attended deceased from March - 29 1908 to March - 29 1908 that I last saw her alive on March 29 1908 and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Angina pectoris

(DURATION) 1 DAYS

Con'ributory (Primary.) Arteriosclerosis

(DURATION) 2250 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121, Jackson Square

Date March - 31 1908

Place of Burial St Alphonsus

Date April 2 1908

Undertaker Jos J. Herr

Address 1914 E Fayett st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C10948 Registered No. B C10948

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 447 N. Lakewood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Percy A. Tull

{Residence, if in Baltimore, Give Street and Number.} 447 N. Lakewood ave.

Duration of Residence in Baltimore. 3 yrs C10948

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH June 21 1882

AGE 25 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER Richard Tull

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mary F. Walk

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary B. Tull

(Address) 447 N. Lakewood

Filed 4/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30, 1908

I HEREBY CERTIFY, That I attended deceased from March 25 1908 to March 30 1908

that I last saw him alive on March 30, 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1111 E. Broadway

Date March 31, 1908

Place of Burial Cathedral Cem.

Date Apr. 2nd 1908

Undertaker Geo. A. Inman & Sons

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10549 Registered No. B .....

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 2124. Vine St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Richard L. Streett

{Residence, if in Baltimore, Give Street and Number.} 1914 Laurdanne

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Month of June 1855

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas Streett

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Jane Legge

BIRTHPLACE OF MOTHER (State or country): Baltimore.

OCCUPATION OF DECEASED: Wood Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard L Streett.

(Address) 417 N Stricker St.

Filed 4/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 1908

I HEREBY CERTIFY, That I attended deceased from Mar 19 1908 to Mar 30 1908

that I last saw h ..... alive on 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart Disease

Sudden

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Chas E Jones M.D.

Address Coroner

Date March 31 1908

Place of Burial Mount Lloyd Cemetery

Date April 2 1908

Undertaker Mrs Geo P. Paulus

Address 2101 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C16950

Registered No. B.....

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 2307, Edmondson Ave. St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Mrs Mary E. Fulwood

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 13th 1847 (Month) (Day) (Year)
AGE	60 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	West Va
FULL NAME OF FATHER	~~Mary E Fulwood~~
BIRTHPLACE OF FATHER (State or country)	Kentucky
MAIDEN NAME OF MOTHER	Mary E Clifton
BIRTHPLACE OF MOTHER (State or country)	West Va
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Donnelly

(Address) 2307 Edmondson ave

Filed 4/1 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 27 1907 to April 1 1908 that I last saw her alive on Mar 24 1908, and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Bright's disease

7 mo. (DURATION) ..... DAYS

Contributory General paralysis

For 1 mo. (DURATION) ..... DAYS

(Signed) James A. Feehley M. D.

April 1 1908 (Address) 1307 N Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Louisville Kentucky — DATE OF BURIAL: April 3rd 1908

UNDERTAKER: C. F. McCormick — ADDRESS: 1729 W Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C10951 Registered No. B

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1825 Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie F Uchberger

{ Residence, if in Baltimore, Give Street and Number. } 1825 Gough St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John M Marshall

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Uchberger

(Address) 1825 Gough St

Filed 4/1 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Scudder Coroner M.D.

Address 3204 Greene St.

Date 190

Place of Burial Greenmount Cemetery

Date April 3 1908

Undertaker H. Estaugh

Address 175 S. Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

63

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 10952

City of Baltimore, (No. 1619, W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William P. Clarke

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) (Day) 1838 (Year)

AGE: 69 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): England.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): England.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): England.

OCCUPATION OF DECEASED: Plater, Electrical

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Angie Chubbelear

(Address) 1619 W. Fayette St

Filed 4/2 1908

HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 1st (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 9 1908 to April 1 1908, that I last saw h[illegible] alive on April 1 1908, and that death occurred, on the date stated above, at 10.30 A. M. The CAUSE OF DEATH was as follows:

Progressive Spinal Muscular Atrophy

(DURATION) Indefinite DAYS

Contributory Asthenia

(DURATION) Indefinite DAYS

(Signed) W. E. Byers M. D.

April 1 1908 (Address) 1715 W. Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Phila. Pa — DATE OF BURIAL: 4/2 1908

UNDERTAKER: Crowley Bros — ADDRESS: 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 Registered No. B

CERTIFICATE OF DEATH. 120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Lentz

{ Residence, if in Baltimore, Give Street and Number. } 1406 W. Mulberry St

Duration of Residence in Baltimore. Life C 10953

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 28th 1840

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: /

BIRTHPLACE OF FATHER (State or country): /

MAIDEN NAME OF MOTHER: /

BIRTHPLACE OF MOTHER (State or country): /

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/2 1908 Registrar

HARRY O. ANDREWS,
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 1, 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 1907 to Apr. 1 1908 that I last saw h.. alive on Mar 31 1908 and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute cardiac dilatation

(DURATION) ..... DAYS

Contributory (Primary.) Nephritis

(DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D. per Bate

Address Bay View

Date April 1 1908

Place of Burial Mt Olivet Cemetery

Date Apr 2nd 1908

Undertaker Geo. J. Smith & Co.

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 6 — Registered No. B 10954 — 129

CERTIFICATE OF DEATH.

(Place of Death.) No. Provident Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Eliza Wells

{ Residence, if in Baltimore, Give Street and Number. } 508 N. Caroline St

Duration of Residence in Baltimore. Lifetime C 10954

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Weaver

(Address) 508 Carolina St

Filed 4/2 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29 — 1908

I HEREBY CERTIFY, That I attended deceased from Feb 4 — 1908 to March 29 — 1908 that I last saw her alive on March 29 — 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bowel Obstruction
and perforation
about 10 hrs.
(DURATION) ... DAYS

Contributory (Primary.) Uterine Fibroid about 10 yrs
(DURATION) ... DAYS

(Signed) W. H. Harris M.D.

Address 1374 Druid Hill Ave

Date March 29 — 1908

Place of Burial Laurel

Date April 2 1908

Undertaker R. H. Elliott

Address 506 Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C10955 Registered No. B

61

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nannie Saunders

{Residence, if in Baltimore, Give Street and Number.} 2031 E Bradle St.

Duration of Residence in Baltimore. 7,

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother Charles Muse

(Address) 126 Amity St

Filed 4/2 1908

HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3 1908

I HEREBY CERTIFY, That I attended deceased from March 28 1908 to March 3 1908

that I last saw him alive on March 3 1908

and that death occurred, on the date stated above, at 4.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebrospinal meningitis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date March 31 1908

Place of Burial Laurel

Date April 3, 1908

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

10

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10956

City of Baltimore, (No. 816 Sterling St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amelia Harris

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Not known (Month) (Day) 1859 (Year)

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Collier

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Washer-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Asbury White

(Address) 816 Sterling St.

Filed 4/2 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar (Month) 30 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 23 1908 to Mar 30 1908 that I last saw h[er] alive on Mar 30 1908, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Relaps from Grippe

(DURATION) 7 DAYS

Contributory Cardiac asthenia

(DURATION) 2 DAYS

(Signed) Walter Thomas M. D.

Mar 31 1908 (Address) 1728 N. Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Woodland — DATE OF BURIAL: April 2 1908

UNDERTAKER: R. A. Elliott — ADDRESS: 501 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C10957 Registered No. B 146

CERTIFICATE OF DEATH.

(Place of Death.) No. 720 Little Greene St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucale West

{ Residence, if in Baltimore, Give Street and Number. } 720 L. Greene St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 4 years, months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Bal

FULL NAME OF FATHER: howard west

BIRTHPLACE OF FATHER (State or country): va

MAIDEN NAME OF MOTHER: amila Payne

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard West

(Address) 720 L Green St

Filed 4/2 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1st 1908

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to April 1 1908

that I last saw h alive on April 1 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 13 DAYS

Contributory (Primary.) Tuberculosis

(DURATION) DAYS

(Signed) C. L. Tuckerman, M.D.

Address 537 S. Paca St

Date April 1st 1908

Place of Burial Mt. Auburn Cem

Date April 3, 1908

Undertaker John H. Todd

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 124 Winter St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Grayson.

{ Residence, if in Baltimore, Give Street and Number. } 124 Fremont St.

Duration of Residence in Baltimore. 40 yrs. C 10958

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col.

DATE OF BIRTH March 30 1908

AGE 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Waldron M.D.

(Address) 603 S. Sharp St.

Filed 4/2 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 1908.

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to Mch 30 1908 that I last saw h[e] alive on Mch 29 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthma

Paralysis (DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. Waldron M.D.

Address 603 S. Sharp St.

Date March 31 1908

Place of Burial Mt. Auburn Cem.

Date April 2, 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

SOUTHERN DISTRICT ... HOURS ... DEPUTY ... IN CHARGE

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C10959 Registered No. B

CERTIFICATE OF DEATH. 11

(Place of Death.) No. 123 Perry Alley St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Mary Bentley Col.

{ Residence, if in Baltimore, Give Street and Number. } 123 Perry Alley.

Duration of Residence in Baltimore. 27 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Don't know

AGE 95 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Cambridge Md

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Bentley (daughter)

(Address) 123 Perry Alley

Filed 4/2 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190— to ——— 190—

that I last saw h— alive on ——— 190—

and that death occurred, on the date stated above, at 3.15

M. CAUSE OF DEATH (Secondary or Immediate.)

Organic disease of the heart

General debility

(DURATION) days

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. M. Eichardt M.D.

Address Coroner

Date April 1 1908

Place of Burial Mt. A. Cemetery

Date April 2 1908

Undertaker John H. Toadvine

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C16960 Registered No. B C16960

CERTIFICATE OF DEATH. 174

(Place of Death.) No. 2119 N Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Lena H Derrenbuger

{ Residence, if in Baltimore, Give Street and Number. } 2119 N Lexington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Oct 15th 1876

AGE 31 years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Geo Schmidt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lena Buttenbock

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Student Schmidt

(Address) 2119 N Lex St

Filed 4/2 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31st 1908

I HEREBY CERTIFY, That I attended deceased from March 19th 1908 to March 31st 1908

that I last saw her alive on March 31st 1908,

and that death occurred, on the date stated above, at 12 Noon.

IV. CAUSE OF DEATH (Secondary or Immediate)

Heart Paralysis

(from Chloroform while undergoing surgical operation 12 hrs)

(DURATION) Instantaneous

Contributory (Primary.) Chloroform

Chronic Endometritis (DURATION) — DAYS

(Signed) Edwin A. Hortsmeier M.D.

Address 125 N Fulton Ave

Date March 31st 1908

Place of Burial Western Cem

Date April 3. 1908

Undertaker Jos B Cook

Address 1003 N Bulbot

WM. J. C. DULANY CO., BALTIMORE.

016/5

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. D

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 833 Baker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Steib

{ Residence, if in Baltimore, Give Street and Number. } 833 Baker St

Duration of Residence in Baltimore. 21 yrs C10861

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Dec 11 1835

AGE 72 years, 4 months, 19 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ M.

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Steib

(Address) 833 Baker St

Filed 4/2 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to March 1908

that I last saw him alive on 1908,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Duration Days

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. Martin M.D.

Address 1000 W Lafayette

Date March 31 1908

Place of Burial Loudon Park

Date April 2 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C10962

City of Baltimore, (No. Biddle and Sellman St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
Saloatorium 2724 N. Eutaw St.
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Elizabeth Van Trump —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: July (Month) 27 (Day) 1833 (Year)
AGE: 75 years, ... months, ... days
SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~
BIRTHPLACE (State or country): Bucks Co Pennsylvania
FULL NAME OF FATHER: Charles Trump —
BIRTHPLACE OF FATHER (State or country): Bucks Co Pennsylvania
MAIDEN NAME OF MOTHER: Susan H. Newbold
BIRTHPLACE OF MOTHER (State or country): Philadelphia Pa
OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
(Informant) Miss M. Van Trump
(Address) 230. W Lafayette St

Filed 4/2 1908
HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 30 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 18 1908 to Mar 30 1908. —
that I last saw her alive on Mar. 30 1908 —,
and that death occurred, on the date stated above, at 6.10 P. M. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

(DURATION) 41 DAYS

Contributory Exhaustion

(DURATION) 14 DAYS

(Signed) W A Sellman M. D.
Mar 30 1908 (Address) 5 E Biddle St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 230 W. Lafayette Ave. How long at Place of Death? 38 Days

Where was disease contracted, if not at place of death? residence

PLACE OF BURIAL OR REMOVAL: Friends Cemetery
DATE OF BURIAL: April 2 1908
UNDERTAKER: E. W. Mitchell
ADDRESS: 120 N. Fayette

Father named Trump, daughter enrolled Van. —

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Joseph E. Davis

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. ..... C 10963

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White.

DATE OF BIRTH: ..... 1 .....

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Painter -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lemar Holloway, Supt.

(Address) ..... BAY VIEW ASYLUM.

Filed 4/2 1908

BARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March 29th. 1908

I HEREBY CERTIFY, That I attended deceased from March 27 1908 to March 29 1908

that I last saw him alive on March 29 1908,

and that death occurred, on the date stated above, at 11 ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

~~Coma~~ Cardiac Dilatation

..... (DURATION) ..... DAYS

Contributory (Primary.) Nephritis

..... (DURATION) ..... DAYS

(Signed) Robt. P. Bay ..... M.D.

Address Bay View

Date March 29 1908

Place of Burial COLLEGE OF P. & S

Date APR 1 - 1908 190 ....

Undertaker Geo Thompson

Address 1805 Hope St.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C10964 Registered No. B .....

CERTIFICATE OF DEATH.

C10964

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Parker

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 60 (31) years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt.

(Address) BAY VIEW ASYLUM

Filed 4/2 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31, 1908.

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to March 31 1908 that I last saw h— alive on March 31 1908, and that death occurred, on the date stated above, at 10.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

..... (DURATION) ..... DAYS

Contributory (Primary.) Pneumonia

..... (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View.

Date ..... 190....

Place of Burial COLLEGE OF P. & S

Date APR 1 - 1908 190....

Undertaker Geo Thompson

Address 1805 Dolphin St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward 23 C10965 Registered No. B C10965

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1733 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie Kraft

{Residence, if in Baltimore, Give Street and Number.} 1733 Hanover St.

Duration of Residence in Baltimore. 6 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH [illegible] 1

AGE 43 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry V Kraft

(Address) 1733 Hanover St

Filed 4/2 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1908

I HEREBY CERTIFY, That I attended deceased from Mar 28 1908 to April 1 1908 that I last saw her alive on April 1 1908, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) 3 DAYS

Contributory (Primary.) Apoplexy

(DURATION) H DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St

Date April 1 1908

Place of Burial London Park

Date Saturday 4-2. P M. 1908

Undertaker Wm Cook

Address 502 E Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C10966 Registered No. B

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 2114 Penna Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John L. Rhodes.

{Residence, if in Baltimore, Give Street and Number.} 2114 Penna Ave

Duration of Residence in Baltimore. Life. C10966

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1856

AGE: (52) 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: Baker. —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry L. Rhodes

(Address) 2114 Penna Ave

Filed 4/2 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31st 1908

I HEREBY CERTIFY, That I attended deceased from Mch 1st 1908 to to Mch 31st 1908

that I last saw him alive on Mch. 30th 1908.

and that death occurred, on the date stated above, at 2.35 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congestion of Lungs.
with Weak Heart

(DURATION) 2 DAYS

Con'tributory (Primary) Valvular Dis of Heart & Dropsy (DURATION) ..... DAYS

(Signed) E. E. Smith M.D.

Address 1605 N Norths Ave

Date Mch 31 1908

Place of Burial: Western Cem

Date ~~March~~ Apr. 2 1908

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C10967 Registered No. B C10967

CERTIFICATE OF DEATH. 11

(Place of Death.) No. 501 South Ann (Hampden) St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary King

{Residence, if in Baltimore, Give Street and Number.} Above

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX White | COLOR Female

DATE OF BIRTH 1

AGE 62 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Chas W Savoy

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth Hosey

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Catherine L Gantz

(Address 2713 W Lafayette

Filed 4/2 1908

HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31-1 1908

I HEREBY CERTIFY, That I attended deceased from Above 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 5.35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease,
Chronic.

(DURATION) DAYS

Con'ributory (Primary.) Sudden

(DURATION) DAYS

(Signed) L. D. Gilbert M.D.
Coroner

Address 211 W Lanvale

Date 3, 31 1908

Place of Burial Western Cemetery

Date Apr 4 1908

Undertaker William Cook

Address 502 E Monument Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C16968 Registered No. B C16968

CERTIFICATE OF DEATH. 8

(Place of Death.) No. 215 W Barre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Raymond Lotsey

{Residence, if in Baltimore, Give Street and Number.} ~~Oglethorpe~~ 215 Barre

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 2 1908

AGE: 1 years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robert S. Lotsey

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Ella H. West

BIRTHPLACE OF MOTHER (State or country): Delaware

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert S. Lotsey

(Address) 215 W. Barre St

Filed 4/2 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 2 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 31 1908 to Mar 31 1908 that I last saw him alive on Mar 31 1908, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Whooping Cough

(DURATION) 10 DAYS

Con'tributory (Primary.) —

(DURATION) DAYS

(Signed) H. Thos Buck M.D.

Address 1228 E Chase St

Date April 2 1908

Place of Burial Cedar Hill Cem

Date April 3 1908

Undertaker Wm J. Tickner & Son

Address 425 W. Camden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C16069 Registered No. B C16969

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1319 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin R. Bond

{Residence, if in Baltimore, Give Street and Number.} 1319 Hollins St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 11 1838

AGE: 69 years, 5 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): Penna.

MAIDEN NAME OF MOTHER: Kroul.

BIRTHPLACE OF MOTHER (State or country): Penna.

OCCUPATION OF DECEASED: Dairyman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Ed. Bond

(Address) 1319 Hollins St.

Filed 4/2 1908 HENRY C. ANDREWS? PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2. 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to April 2 1908 that I last saw h[illegible] alive on April 1 1908, and that death occurred, on the date stated above, at 6.15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy.

(DURATION) 3. DAYS

Contributory (Primary.) Senility

(DURATION) 30. DAYS

(Signed) M. O'Neill M.D.

Address 1315 Hollins St

Date April 2 1908

Place of Burial London Park

Date Apl 3 1908

Undertaker W. J. Tuckerman Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C1697.0 Registered No. B 1246

CERTIFICATE OF DEATH.

(Place of Death.) No. 1408 Carroll st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Claude E LeBon

{Residence, if in Baltimore, Give Street and Number.} 1408 Carroll st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 22 1907

AGE 1 year, 1 month, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Claude E LeBon

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Sarah Brockett

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah LeBon

(Address) 1408 Carroll st

Filed 4/2 1908 HENRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1908

I HEREBY CERTIFY, That I attended deceased from March 24 1908 to March 30 1908 that I last saw him alive on March 30 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Mastoiditis

(DURATION) 7 DAYS

Contributory (Primary.) Asthenia

(DURATION) 2 DAYS

(Signed) J. E. Muse M.D.

Address 855 Columbia

Date March 31 1908

Place of Burial Baltimore Cem

Date Apr 2 1908

Undertaker W. J. Tuckner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... C16971 Registered No. B .....

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 1309 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Betsy Wood

{Residence, if in Baltimore, Give Street and Number.} 1309 Druid Hill Ave

Duration of Residence in Baltimore. 9 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: 1

AGE: 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: W

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: James Lewis

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Patsy Lewis

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Wood

(Address) 1309 Druid Hill Ave

Filed 4/2 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1908

I HEREBY CERTIFY, That I attended deceased from March 17 1908 to April 1 1908

that I last saw her alive on March 24 1908

and that death occurred, on the date stated above, at 12.10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

old age

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) L. H. Hawkins M.D.

Address 1202 D. Hill Ave

Date April 1 1908

Place of Burial Mt. Auburn Cemetery

Date Apr. 3" 1908

Undertaker Alex. Hensley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9r

CERTIFICATE OF DEATH.

Registered No. B C105 2

City of Baltimore, (No. 1027 Fremont St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elezebeth Dignan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Dec 15 (Month) (Day) 1830 (Year)

AGE: 77 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: E Lintetzy

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elbert Dignan

(Address) 1906 Fremont St

Filed 4/2 1908

HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 30 1908 to April 1 1908, that I last saw her alive on April 1 1908, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Bronchio-Pneumonia

(DURATION) 4 D.

Contributory Exhaustion

(DURATION) 2 DAYS

(Signed) P E Lilly M. D.

April 1 1908 (Address) 807 Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Wells Cemetery	April 3 1908
UNDERTAKER	ADDRESS
Robt Runnell	1421 Bway

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B C10973

CERTIFICATE OF DEATH. 67

(Place of Death.) No. Insane Dept Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George E. Williams

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. Life C10973

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH August 1865

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John E. Williams

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Annie Hahn

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Paper Hanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/2 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1908

I HEREBY CERTIFY, That I attended deceased from March 16 1906 to March 31 1908 that I last saw him alive on March 31 1908, and that death occurred, on the date stated above, at 10.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

General Paresis

I have attended to him since Feb. 1st. - 08 has been in this institution since March 16 1906 (DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Thos. H. Phillips M.D.

Address Baltimore City Detention Hospital

Date April March. 31 1908

Place of Burial Oak Lawn

Date Apl 3, 1908

Undertaker Robt J. Turner

Address 1442 W. Bway

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C10974 Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Zita Sweeney

{ Residence, if in Baltimore, Give Street and Number. } St. Vin. Inf. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy

(Address)

Filed 4/2 1908

HARRY C. ANDREAS, Register
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1908

I HEREBY CERTIFY, That I attended deceased from March 15 1908 to March 30 1908

that I last saw h alive on " " 1908,

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. S. Finlen M.D.

Address 9.6. Biddle St.

Date March 31st 1908

Place of Burial Mount Cathedral

Date April 2 1908

Undertaker Martin Fahey Mgr Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patricia Dawson

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Life C10975

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address)

Filed 4/2 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to March 30 1908 that I last saw h-er alive on ..... 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) J. S. Finlay M.D.

Address 9.6. Biddle St.

Date March 31 1908

Place of Burial New Cathedral

Date ~~March 3~~ April 2 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C10976 Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick Schmidt

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore. C10976

PERSONAL AND STATISTICAL PARTICULARS	
SEX M.	COLOR W.
DATE OF BIRTH 1	
AGE ..... years, ... months, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy.

(Address)

Filed 4/2 1908 HENRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1908

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to March 30 1908 that I last saw h-im alive on " " 190..., and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debelity

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) J. S. Finlen M.D.

Address 9. E. Biddle St.

Date March 31 1908

Place of Burial Mt. Cathedral

Date April 2 '08 1908

Undertaker Martin Fahey and Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 10977

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

Registered No. BC10977

City of Baltimore, (No. 562 Oxford — St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth E Jones

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colord

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — —

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: Edward Jone

BIRTHPLACE OF FATHER (State or country): Essex Co Va

MAIDEN NAME OF MOTHER: Nina Holms

BIRTHPLACE OF MOTHER (State or country): Essex Co Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwd E Jones

(Address) 562 W Oxford st

Filed 4/2 1908

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 1- 1908

~~April~~ (Month) ~~6~~ (Day) ~~1905~~ (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1 1908 to April 1- 1908

that I last saw her alive on March 31- 1908,

and that death occurred, on the date stated above, at 6- a. m. The CAUSE OF DEATH was as follows:

First- Grippe- Then Death resulted with Pneumonia

A couple Month (DURATION) ..... DAYS

Contributory Cold &c

A couple Months (DURATION) ..... DAYS

(Signed) J Yingling M. D.

April 1 1908 (Address) 705 Dolphin St-

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Monte auburn

DATE OF BURIAL: April 3 1908

UNDERTAKER: Jos H Owens & Son

ADDRESS: 1222 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C10978 Registered No. B C10978

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 648 Brady St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Henry Byrd

{ Residence, if in Baltimore, Give Street and Number. } 648 Brady St.

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1863

AGE 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER William Henry Byrd

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Lucy Robinson

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Byrd

(Address) 648 Brady St

Filed 4/2 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1908

I HEREBY CERTIFY, That I attended deceased from March 2 1908 to April 1 1908 that I last saw him alive on April 1 1908, and that death occurred, on the date stated above, at 1 ~~A.~~ M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Con'ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Jno. H. Ottiste M.D.

Address 901 Myrtle Ave

Date April 2 1908

Place of Burial Mount Auburn

Date April 3 1908

Undertaker John H. Owens & Son

Address 1212 Pinkney st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C10979 Registered No. B C10979

176

CERTIFICATE OF DEATH.

(Place of Death.) No. In Carriage near City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James W. Mahon

{Residence, if in Baltimore, Give Street and Number.} 2915 W. Calvert St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: February 2, 1856

AGE: 52 years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: James Mahon

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Larkins

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ella Mahon

(Address) 2915 W. Calvert St.

Filed 4/2 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. 31st 1908

I HEREBY CERTIFY, That I attended deceased from Coroner's Case 190 to 190

that I last saw h— alive on — 190 ,

and that death occurred, on the date stated above, at 8:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from pistol shot wound through the heart. (Homicide)

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D. Stripley M.D.

Address 216 S. Carrollton Ave

Date April 1st 1908

Place of Burial Cathedral Cemetery

Date April 3, 1908

Undertaker Henry W. Means & Son

Address 865 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward Pittsical C10980 Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Richard Johnson.

{ Residence, if in Baltimore, Give Street and Number. } 1220 Orleans Ll-

Duration of Residence in Baltimore...

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ...1...

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Mississippi

FULL NAME OF FATHER: Chapman Johnson

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Martha Martin

BIRTHPLACE OF MOTHER (State or country): Augusta Georgia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Sist.

(Address) BAY VIEW

Filed 4/2 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 31 1908.

I HEREBY CERTIFY, That I attended deceased from Jan 14 1908 to March 31 1908 that I last saw him alive on March 31 1908, and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ... DAYS

(Signed) Robt H Bay M.D.

Address Mch 31

Date ... 1908

Place of Burial Laurel

Date April 3rd 1908

Undertaker Wm J. Jackson

Address 1421 Mallitkin St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C10981 Registered No. B 87

CERTIFICATE OF DEATH.

(Place of Death.) No. 748 W Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ada Z Young.

{Residence, if in Baltimore, Give Street and Number.} 748 W Fayette St.

Duration of Residence in Baltimore. 30 years C10981

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ....1....

AGE 60 years, ...months, ...days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas L Jones.

(Address) 748 W Fayette St

Filed 4/2 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1908

I HEREBY CERTIFY, That I attended deceased from March 22 1908 to April 1 1908

that I last saw her alive on March 30 1908,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) 4 DAYS

Contributory (Primary) Cerebral Thrombosis (DURATION) 90 DAYS

(Signed) D. J. Glenn M.D.

Address 1610 Madison Ave

Date 1908

Place of Burial Loudon Park Cemetery

Date April 3rd 1908

Undertaker Wm Cook.

Address 502 E. Watts ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1322 N. Carey St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Samuel & Helen Gray

{Residence, if in Baltimore, Give Street and Number.} 1322 N. Carey St.

Duration of Residence in Baltimore. 5 days C10982

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: March 28th 1908

AGE: ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel Gray

BIRTHPLACE OF FATHER (State or country): District of Columbia

MAIDEN NAME OF MOTHER: Helen Bevans

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1322 N. Carey St

Filed 4 2 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1st 1908

I HEREBY CERTIFY, That I attended deceased from March 28 1908 to April 1st 1908 that I last saw her alive on April 1st 1908, and that death occurred, on the date stated above, at 3 p. m. CAUSE OF DEATH (Secondary or Immediate.)

Congenital debility.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. B. Scholl M.D. M.D.

Address 1005 W. Lanvale

Date 4-2-08 190

Place of Burial Mt Auburn Cemetary

Date April 2nd 1908.

Undertaker J. H. Dennis

Address 1332 Pressman St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C10983 Registered No. B C10983

CERTIFICATE OF DEATH. 56

(Place of Death.) No. 100 N. Front St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James J Bennis

{ Residence, if in Baltimore, Give Street and Number. } 100 N. Front St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER James Bennis

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Bar-tender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. F. Shilobin

(Address) 1711 Maryland ave.

Filed 4/2 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2d 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 4 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Alcoholism

..... (DURATION) ..... DAYS

Contributory (Primary.) Cephalitis

..... (DURATION) ..... DAYS

(Signed) Benj. D. Hayden M.D.

Address 216 E. Caroline St. Orange

Date April 2d 1908

Place of Burial Loudenclair

Date April 4 1908

Undertaker A. F. Shilobin

Address 1711 Ashland

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 44 — C10984 — Registered No. B C10984

166

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Schaffe

{ Residence, if in Baltimore, Give Street and Number. } Havre de Grace Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 6 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. T. Pennington

(Address) Havre de Grace

Filed 4/2 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4-1 1908

I HEREBY CERTIFY, That I attended deceased from 1-8 1908 to 4-1 1908 that I last saw h[er] alive on 4-1 1908, and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 83 DAYS

Con'tributory (Primary.) Fractured Femur + Pneumonia (DURATION) — DAYS

(Signed) G W Billups M.D.

Address University Hospital

Date 4-2- 1908

Place of Burial Havre de Grace Md.

Date April 2nd 1908

Undertaker E Schloman & Son

Address 105 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

over

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C10985 Registered No. B

CERTIFICATE OF DEATH.

157

(Place of Death.) No. 1820 S Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Falkenstein

{ Residence, if in Baltimore, Give Street and Number. } 1820 S Charles St

Duration of Residence in Baltimore. 58 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 1 1830
AGE	78 years, 1 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	Don't know
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	Don't know
OCCUPATION OF DECEASED	Marble worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August C May —

(Address) 1306 W Saratoga St

Filed 4/3" 1908 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw ——— alive on ——— 190

and that death occurred, on the date stated above, at 4 P M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by hanging

(DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) Chas M Steinhardt M.D.
Coroner

Address

Date April 2 1908

Place of Burial Loudon Park

Date 4/3 1908

Undertaker Wm J Schilling

Address 9 S Poppleton St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C10986 Registered No. B

CERTIFICATE OF DEATH. 105

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marie Phillips

{Residence, if in Baltimore, Give Street and Number.} N. 902 E. Chester St

Duration of Residence in Baltimore. Lifetime - C10986

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Aug. 6 1907

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asyl.

(Address)

Filed 4/3" 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to April 1 1908 that I last saw her alive on April 31 1908, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Raymond M.D.

Address 1230 N Caroline St

Date 4/2 1908

Place of Burial St Peters

Date April 3rd 1908

Undertaker M. Fahey & Son

Address 606 & 608 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C1698? Registered No. B C1698?

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 842 Vine St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence Webb

{ Residence, if in Baltimore, Give Street and Number. } 842 Vine St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED /

BIRTHPLACE (State or country) Balt.

FULL NAME OF FATHER Thomas White

BIRTHPLACE OF FATHER (State or country) West Northumberland

MAIDEN NAME OF MOTHER Ellen Wicks

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Thomas White

(Address) 842 Vine st

Filed 4/3 190 8

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1908

I HEREBY CERTIFY, That I attended deceased from March 30 1908 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) ..... DAYS

Con'tributory (Primary.) /

(DURATION) ..... DAYS

(Signed) P Martin M.D.

Address 2n.

Date April 2 1908

Place of Burial Mt Auburn cemetery

Date April 3rd 1908

Undertaker Felix B Pyle

Address 1123 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

C10988

Registered No. B.....

City of Baltimore, (No. 508, Wyeth St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Diedrich Pleiss

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.-

DATE OF BIRTH: November - 21 - 1848 (Month) (Day) Year)

AGE: 59 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany -

FULL NAME OF FATHER: Frederick Pleiss

BIRTHPLACE OF FATHER (State or country): Germany -

MAIDEN NAME OF MOTHER: Minnie Bestiko

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cigar maker. -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Brooks

(Address) 1804 W Baltimore

Filed 4/3 1908

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April - 1 - 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar - 31 - 1908 to Apr. - 1 - 1908 that I last saw him alive on Apr. - 1 - 1908, and that death occurred, on the date stated above, at 12.05 P. M. The CAUSE OF DEATH was as follows:

Apoplexy. -

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) W P Grubbs M. D.

Apr - 1 1908 (Address) 647 N. Calhoun St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western cem

DATE OF BURIAL: April 3 1908

UNDERTAKER: Robt. Brookes

ADDRESS: 178 Calhoun

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C16989 Registered No. B C16989

CERTIFICATE OF DEATH.

119

(Place of Death.) No. In Western District Patrol wagon en route from Camden Station to Md University Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary E Pointer

{ Residence, if in Baltimore, Give Street and Number. } 1125 Race St

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: Don't know 1

AGE: 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Annapolis Md

FULL NAME OF FATHER: William Pointer

BIRTHPLACE OF FATHER (State or country): Annapolis Md

MAIDEN NAME OF MOTHER: Sarah Watkins

BIRTHPLACE OF MOTHER (State or country): Annapolis Md

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Kerr

(Address) 1125 Race St.

Filed 4/3 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30. 1908.

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw him alive on ——— 190 ,

and that death occurred, on the date stated above, at 6 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Acute Bright's disease

Dropsy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno W Kerr M.D.

Address Coroner

Date March 31 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 2 - 1908 190

Undertaker Commissioner Health.

Per Wm. E. WOODALL.

Address

City to FOR ANATOMICAL PURPOSES.

67

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C16990 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1464 Brunt St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E Smith

{ Residence, if in Baltimore, Give Street and Number. } 1464 Brunt St.

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH —

AGE 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) md

FULL NAME OF FATHER Mr Glass

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Jane Carter

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Mother Jane Carter
(Informant)

Perryville Md
(Address)

Filed 4/3 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 1 1908

I HEREBY CERTIFY, That I attended deceased from Mch 1 1908 to Apr 1 1908

that I last saw her alive on Mch 31 1908

and that death occurred, on the date stated above, at 4 A M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

twenty two months (DURATION) — DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jamie Etaugh M.D.

Address 1701 Park Ave

Date Apr 1 1908

Place of Burial Mt Auburn

Date April 3

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate containing, to the best of his knowledge, the **full name, sex, age, condition** (whether married or single) of the person whose death can be ascertained, the **cause of death**.

Ward 12 C10931 Registered No. B C10931

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1710 Stanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret A. Bryan

{ Residence, if in Baltimore, Give Street and Number. } 1710 Stanover Street.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 16 1841

AGE: 66 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas Dowling

BIRTHPLACE OF FATHER (State or country): Talbot Co Md

MAIDEN NAME OF MOTHER: Martin Smith

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Horse Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Lucretia Morrison (Daughter)

(Address)

Filed 4/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1, 1908

I HEREBY CERTIFY, That I attended deceased from March 1, 1908 to March 31 1908 that I last saw her alive on March 31 1908 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 30 DAYS

Contributory (Primary) Anasarca

(DURATION) 7 DAYS

(Signed) G. G. Rusk M.D.

Address 2000 E. Baltimore St.

Date April 2, 1908

Place of Burial LOUDON PARK.

Date APR 4 - 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C1092 Registered No. B

CERTIFICATE OF DEATH.

27

Place of Death.) No. 1907 Ettting St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Morris Jones.

{ Residence, if in Baltimore, Give Street and Number. } 1907 Ettting St

Duration of Residence in Baltimore. 1 yr, 7 mo, 17 Days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Aug 18 1906

AGE 1 years, 7 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Raymond Jones.

BIRTHPLACE OF FATHER (State or country) Chestertown Md.

MAIDEN NAME OF MOTHER Jannie Campbell

BIRTHPLACE OF MOTHER (State or country) King & Queen Co. Va.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jannie Jones.

(Address) 1907 Ettting St.

Filed 4/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb 22 1908 to Apr 2 1908 that I last saw him alive on Apr 2 1908, and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tubercu
losis

(DURATION) 41 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw. Short M.D.

Address 134 N Robert St.

Date Apr 2 1908

Place of Burial Mt Auburn Cemetery

Date April 4th 1908

Undertaker Felix B Pye

Address 1526 Mulberry St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C10993 Registered No. B 132

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Ursula Kwoksa

{Residence, if in Baltimore, Give Street and Number.} 604 N. Bruman St.

Duration of Residence in Baltimore. 11 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Lithuania

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: H. W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Kwoksuis

(Address) 604 N. Bruman St

Filed 4/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1908

I HEREBY CERTIFY, That I attended deceased from 3/30/ 1908 to 4/1/ 1908 that I last saw h[illegible] alive on 4/1 1908, and that death occurred, on the date stated above, at 6.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

General Peritonitis

(DURATION) 5 DAYS

Contributory (Primary.) Pyo Salphynx, Indefinite (DURATION) DAYS

(Signed) J. W. Bird M.D.

Address University Hosp.

Date April 1 1908

Place of Burial Holy Redeemer

Date April 4 1908

Undertaker H. S. Finch

Address 2113 N. Point St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 394 Registered No. B 18394

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 1616 Mulliken St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Max Rosenthal

{Residence, if in Baltimore, Give Street and Number.} 1616 Mulliken

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX m | COLOR W

DATE OF BIRTH Dec 20 1904

AGE 3 years, 3 months, 14 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Louis Rosenthal

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Esther Perelman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. Rosenthal

(Address) 1616 Mulliken st

Filed 4/3 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 1908

I HEREBY CERTIFY, That I attended deceased from April 28 1908 to April 3 1908

that I last saw h— alive on April 3 1908,

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Meningitis

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Weinstein M.D.

Address 16 S Broadway

Date April 3 1908

Place of Burial Helma Randolph County

Date April 3, 1908

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — Registered No. B C10395

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 511 Aliceet St — (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Jos Bennett Horn

{Residence, if in Baltimore, Give Street and Number.} 511 Alice St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W

DATE OF BIRTH: 1

AGE: ~~years~~ 18 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): B

FULL NAME OF FATHER: Thos Horn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Sarah Dehoney

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 4/3 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 2 1908

I HEREBY CERTIFY, That I attended deceased from March 18 1908 to Apr 2 1908

that I last saw h~~e~~r alive on Apr 2 1908,

and that death occurred, on the date stated above, at 11.10 M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumococcus Meningitis

(DURATION) 14 DAYS

Contributory (Primary.) Pneumonia (DURATION) 21 DAYS

(Signed) R J Madden M.D.

Address 1007 Madison Ave

Date Apr 3 1908

Place of Burial St Marys Owingstown

Date April 4th 1908

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9

C16996 Registered No. B C16996

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 W. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Mengele

{Residence, if in Baltimore, Give Street and Number.} 26 W. Chapel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH June 5 1908

AGE 4 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimd

FULL NAME OF FATHER Jos Mengele

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Weindecker

BIRTHPLACE OF MOTHER (State or country) Baltimd

OCCUPATION OF DECEASED 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Mengele

(Address) 26 W. Chapel St.

Filed 4/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2 / 1908

I HEREBY CERTIFY, That I attended deceased from March 29 / 1908 to April 2 / 1908 that I last saw him alive on April 2 / 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(DURATION) 1 DAYS

Contributory (Primary) Broncho Pneumonia

(DURATION) 5 DAYS

(Signed) J. T. Roder M.D.

Address 1904 E. Fayette St

Date April 3 1908

Place of Burial Holy Redeemer

Date April 4 1908

Undertaker Jos. J. Herr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B C10997

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 2833 Huntington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Haywood

{ Residence, if in Baltimore, Give Street and Number. } 2833 Huntington Ave

Duration of Residence in Baltimore. 4 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 28- 1828

AGE: 80 years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Jas. Lee

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Susanna Miller

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. N. H. Peacock

(Address) 2833 Huntington Ave

Filed 4/3 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2nd 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to April 2 1908

that I last saw h[illegible] alive on April 2 1908,

and that death occurred, on the date stated above, at 2 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.) Pneumonia

(Lobar) (DURATION) 17 DAYS

(Signed) A. R. Traub M.D.

Address 765 3rd Ave

Date April 3 1908

Place of Burial Della Cemetery near Ellicott City

Date April 5- 1908

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 Registered No. B [illegible]

17v

CERTIFICATE OF DEATH.

(Place of Death.) No. Found floating in the water at Port Covington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Unknown C10998

{Residence, if in Baltimore, Give Street and Number.} Unknown

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Unknown

AGE About 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Unknown

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Coroner Otto M Reinhardt

(Address) Southern District

Filed 4/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Found March 31 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

I. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) ... DAYS

Con'ributory (Primary.)

(DURATION) ... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date April 3 1908

Place of Burial PUBLIC CEMETERY

Date APR 3 - 1908 190 ...

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address ...

Body at the Morgue City to bury O.M.R.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

63

Ward ..... C10999 Registered No. B .....

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Farm dat 1701 Guilford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, ... months, 10 or 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: .....

BIRTHPLACE OF FATHER (State or country): .....

MAIDEN NAME OF MOTHER: .....

BIRTHPLACE OF MOTHER (State or country): .....

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. S. Stapleton

(Address) 216 N. Carolina ave

Filed 4/3 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Tuesday March 25 1908

I HEREBY CERTIFY, That I attended deceased from Consumption 190 to Cancer 190

that I last saw h ..... alive on ..... 190 ,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Benj. S. Stapleton M.D.

Address 216 N. Carolina ave

Date April 2d 1908

Place of Burial .....

Date 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address .....

PUBLIC HEALTH APR 3 - 1908

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3

Ward 7th C11000 Registered No. B C11000

CERTIFICATE OF DEATH. 15th

(Place of Death.) No. Found in the water Foot of Towson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown Infant

{Residence, if in Baltimore, Give Street and Number.} Unknown

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Unknown

AGE Possibly 1 day
years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Coroner Geo. W. Leinhardt

(Address) Southern District

Filed 4/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Found March 23 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

CAUSE OF DEATH (Secondary or Immediate.)

Postmortem by Dr. G. Karl revealed, the cause of death. Asphyxia

Cause unknown (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Geo. W. Leinhardt M.D.

Address Coroner

Date April 3 - 1908

Place of Burial PUBLIC CEMETERY.

Date APR 3 - 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

WM. J. DULANY CO. BALTIMORE

Body at the morgue. City to bury O.K.

W 6

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C1601 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1704. Orleans St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Travis.

{Residence, if in Baltimore, Give Street and Number.} 1704 Orleans St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE X years, 2 months, X days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George Travis

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Irene Todd

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irene Todd

(Address) 1704 Orleans St

Filed 4/3 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 13 1908

I HEREBY CERTIFY, That I attended deceased from X 190 to X 190

that I last saw him alive on X 190,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. C. Caruthers M.D.

Address Carnes Med.

Date Mar 13 1908

Place of Burial PUBLIC CEMETERY

Date APR 3 - 1908 190

Commissioner Health.
Per. Wm. E. WOODALL.

Undertaker

Address

WM. J. C. DULANY CO., Baltimore.

Morgue

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

113

CERTIFICATE OF DEATH.

Registered No. B C11002

City of Baltimore, (No. 1106 Hollins St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Schaffer

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR White

DATE OF BIRTH Apl. 2 1868
(Month) (Day) (Year)

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Solomon Levy

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Lena Swartz

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Schaffer

(Address) .....

Filed 4/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 2 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 8 1908 to Apl 2 1908

that I last saw her alive on Apl 2 1908,

and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

Gall Stones - 3 (DURATION) 3 DAYS

Contributory ..... (DURATION) 3 DAYS

(Signed) A. Driscoll M. D.

Apl 3 1908 (Address) 265 S Pop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Hebrew Rondale

DATE OF BURIAL April 3 1908

UNDERTAKER Max Lerner

ADDRESS 1622 N. Eden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate rth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 43 W. West St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter J. Burke

{ Residence, if in Baltimore, Give Street and Number. } 43 W. West St.

Duration of Residence in Baltimore. Life C11003

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 1st 1861

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Michael Burke

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Burke

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs. Jas Burke

(Address 600 Forest Av

Filed 4/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 1 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 30 1908 to Apr. 1 1908

that I last saw him alive on Mar. 30 1908

and that death occurred, on the date stated above, at 8 a.m. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) 30 DAYS

Contributory (Primary.) Tuberculosis Pulmonary (DURATION) 60 DAYS

(Signed) John J. Kuhn M.D.

Address 1198 Garrett ave

Date Apr. 1 1908

Place of Burial Cathedral Cem

Date April 4 1908.

Undertaker Daniel and M. J. Flynn

Address 42 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

CERTIFICATE OF DEATH.

174

(Place of Death.) No. City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Gordon

{ Residence, if in Baltimore, Give Street and Number. } Whiteford, Harford Co. Md.

Duration of Residence in Baltimore. non-resident C11004

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Aug. 5 1890

AGE: 17 years, 7 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Harford Co Md

FULL NAME OF FATHER: Arthur D. Gordon

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Catherine L. Talbott

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Engineer (Station)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur D. Gordon

(Address) Whiteford Harford Co. Md

Filed 4/3 1908

HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gas Asphyxia
Accident.

(DURATION) ——— DAYS

Contributory (Primary.) —

(DURATION) ——— DAYS

(Signed) Benj. D. Haydon M.D.
Coroner

Address 26 E. Baltimore St

Date April 3d 1908

Place of Burial Whiteford Harford Co Md

Date Apl 3rd 1908

Undertaker Chas H. Evans

Address 118 & 120 West Royal Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city y of the Physician who at o furnish within **eighteen** hours after death, to the Undertaker, or other person superintending the burial, forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person l, and the **cause and date of death.**

CERTIFICATE OF DEATH.

174

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chester Jones

{ Residence, if in Baltimore, Give Street and Number. } Whiteford Harford Co Md

Duration of Residence in Baltimore. non-resident C11005

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Apr 12 1841

AGE 16 years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) York Co Pa

FULL NAME OF FATHER Robert Jones

BIRTHPLACE OF FATHER (State or country) Wales

MAIDEN NAME OF MOTHER Still

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anthony Gordon

(Address) Whiteford Harford Co. Md

Filed 4/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 3 1908

I HEREBY CERTIFY, That I attended deceased from Mar 30 1908 to Apr 3 1908

that I last saw h— alive on — 190—

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis

(Accidental)

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Burt D Johnston M.D.

Address 1216 E. Baltimore Ave

Date Apr. 3 1908

Place of Burial Whiteford Harford Co Md

Date Apl 3rd 1908

Undertaker Chas F. Evans

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., Baltimore.

ECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate rth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

151

CERTIFICATE OF DEATH.

Full Name Barbara Stall

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Lifetime C11006

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH February 17 1908

AGE ..... years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 4/3 1908 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to April 1 190 8

that I last saw h.. alive on April 1 190 8,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) E P Raymond M.D.

Address 1230 N Courtland

Date 4 — 2 — 1908

Place of Burial New Cathedral

Date April 3 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate rth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gregory Adam's

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Lifetime C11007

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: March 3 1908

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 4/3 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to Apr 1 1908

that I last saw h..... alive on Apr 1 1908,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) E. H. Bayard M.D.

Address 1230 N. Carlton

Date 4-2 1908

Place of Burial Nav. Cathedral

Date April 3 1908

Undertaker Martin Gahan & Son.

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 807 S. Port St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emilia Leitz

{Residence, if in Baltimore, Give Street and Number.} 807 S. Port St

Duration of Residence in Baltimore. C 11008

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Ferd Leitz

(Address) 807 S Port St

Filed 4/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 — 1908

I HEREBY CERTIFY, That I attended deceased from Feb — 1908 to April 1 — 1908

that I last saw her alive on April 1 — 1908

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac - Valvular - Insuff

2 yrs — (DURATION) DAYS

Contributory (Primary.) Cardiac Insuff

(DURATION) DAYS

(Signed) H C Brown M.D.

Address 125 W Biddle

Date April 2/08 — 1908

Place of Burial Trinity Cem

Date April 4th 1908

Undertaker D Nicolas & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

68

C11009

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Richardson

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C11009

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: Col.

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Michigan

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemer Holyday, Supt

(Address) BAY VIEW ASYLUM.

Filed 4/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 1908

I HEREBY CERTIFY, That I attended deceased from March 17 1908 to April 3 1908 that I last saw h[illegible] alive on April 3 1908, and that death occurred, on the date stated above, at 5.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

E Pneumonia

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. T. Bay M.D.

Address Bay View

Date April 3 1908

Place of Burial COLLEGE OF P. & S

Date APR 3 - 1908 190

Undertaker Geo Thompson

Address 1805 Hope St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his o furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

68

CERTIFICATE OF DEATH. 81

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Annie Walker

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 111010

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col. White Black

DATE OF BIRTH: 1

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 4/3 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April. 2 1908

I HEREBY CERTIFY, That I attended deceased from April 7 1905 to April 3 1908 that I last saw her alive on April 2 1908, and that death occurred, on the date stated above, at 3 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary.) Arterio-Sclerosis

(DURATION) DAYS

(Signed) Robt C Bay M.D.

Address Bay View

Date April. 3. 1908

Place of Burial COLLEGE OF P. & S

Date APR 3 - 1908 190

Undertaker Geo Thompson

Address 1805 Hope St.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

...TION 2. *And be it further enacted and ordained*, That whenever any person shall die in the ...f the Physician who attended during his or her last sickness, or the Coroner, when the ... furnish within **eighteen hours after death**, to the Undertaker, or other person superintending ... 1, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ... the **cause and date of death.**

...F DEATH. 98

(Place of Death.) No. 224 N. Greene St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret S. Wirth

{ Residence, if in Baltimore, Give Street and Number. } 224 N. Greene St.

Duration of Residence in Baltimore, Life time 2 11011

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH Aug 1st 1903	
AGE 4 years, 8 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Wm. H. Wirth
BIRTHPLACE OF FATHER (State or country)	Balto. Md
MAIDEN NAME OF MOTHER	Mary Wittenbach
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother - Mrs Wm H. Wirth

(Address) 224 N. Greene St

Filed 4/3 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1908

I HEREBY CERTIFY, That I attended deceased from Mch 31 1908 to Apr. 1 1908

that I last saw her alive on Apr. 1 1908,

and that death occurred, on the date stated above, at 11.00 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) 2 DAYS

(Signed) Harry C. O'Neill M.D.

Address 1203 W. Fayette St

Date Apr. 2 1908

Place of Burial St Pauls Gor. Luth Cemetery

Date April 4 1908

Undertaker Mrs Andrew Rohde Son

Address 730 Penna Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name**, **sex**, **age**, **condition** (whether married or single) of the person l, and the **cause and date of death**.

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 555 Lawrence St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Friet.

{ Residence, if in Baltimore, Give Street and Number. } 555 Lawrence St

Duration of Residence in Baltimore. 5 years.

11012

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Apr. 11th 1836

AGE 71 years, 11 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER James Friet

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Henrietta Little

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Carriage Bdl.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Blanche H Browning

(Address) 555 Lawrence St

Filed 4/3 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3rd 1908

I HEREBY CERTIFY, That I attended deceased from April 2nd 1908 to April 3rd 1908 that I last saw h in w alive on April 3rd 1908 and that death occurred, on the date stated above, at 7:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion,
Collapse
Contributory (Primary)
Acute (DURATION) 3 DAYS

(Signed) J. Allston Dent M.D.

Address 1602 Penna Ave

Date April 3rd 1908

Place of Burial Stone Chapel Balto Co Md

Date Apr 5th 1908

Undertaker G.F. Mackert

Address 723 W Laf ave

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B.....

CERTIFICATE OF DEATH. 43

(Place of Death.) No. 1031 McDonough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma Harris McGuigan

{Residence, if in Baltimore, Give Street and Number.} 1031 McDonough

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Sept 26 1858

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Edward J Murray

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Emma Virginia Ahern

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: ~~—~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos P Harris McGuigan

(Address) 1031 McDonough St

Filed 4/3 1908

HENRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mch 2 1908

I HEREBY CERTIFY, That I attended deceased from October 1906 to April 1908

that I last saw her alive on April 1st 1908,

and that death occurred, on the date stated above, at 9.05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Con'tributory (Primary) Carcinoma
(originally of breast) (DURATION) 7 yrs

(Signed) J H Schwatka M.D.

Address 1003 N. Broadway

Date April 2nd 1908

Place of Burial Holy Redeemer

Date Apl 4 1908

Undertaker Robt J Turner

Address 1x x N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

Registered No. B [illegible]

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1913 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Griffith

{Residence, if in Baltimore, Give Street and Number.} 1913 E. Biddle st

Duration of Residence in Baltimore.

C11014

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1838

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: John First

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wellington J. Griffith

(Address) 1913 E. Biddle st

Filed 4/3 190 8 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 2nd 1908

I HEREBY CERTIFY, That I attended deceased from April 2 12½ o'clock 1908 to 2 1908

that I last saw her alive on April 2 12½ o'clock 1908

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary) Carcinoma Sacri

one week (DURATION) DAYS

(Signed) Thos J. Cummins M.D.

Address 1025 N. Wolfe st

Date April 3rd 1908

Place of Burial Loudon Park

Date April 4th 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate to set forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 011615

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1623 Lamont ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Williamson Bowles

{Residence, if in Baltimore, Give Street and Number.} Inv. 1623 Lamont ave

Duration of Residence in Baltimore. Since Born 60 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1838

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Wm Brown

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Mary Boddison

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Sexton

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucretia McCoy

(Address) 1623 Lamont ave

Filed 4/3 1908

HENRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 2, 1908

I HEREBY CERTIFY, That I attended deceased from March 28, 1908 to April 2, 1908

that I last saw her alive on April 2, 1908,

and that death occurred, on the date stated above, at 5.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

(DURATION) 6 DAYS

Contributory (Primary.) General Paralysis (DURATION) 6 DAYS

(Signed) Chas. E. Clewell, M.D.

Address 1241 Maryland ave

Date April 3, 1908

Place of Burial Baltimore Cemetery

Date April 5 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ity of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

142

(Place of Death.) No. 609 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Sarah R. Cornelius

{Residence, if in Baltimore, Give Street and Number.} 609 N. Carey St

Duration of Residence in Baltimore. Lifetime C11016

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 15th 1829

AGE 78 years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John J. Vanaken

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Cornelius

(Address) 609 N. Carey St.

Filed 4/4 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1 1908

I HEREBY CERTIFY, That I attended deceased from March 12 1908 to April 1 1908 that I last saw her alive on April 1 1908, and that death occurred, on the date stated above, at 12.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senile Gangrene
(Foot)

(DURATION) DAYS

Contributory (Primary.) Arterio-sclerosis

unknown (DURATION) DAYS

(Signed) G. C. McDowell M.D.

Address

Date 1908

Place of Burial Greenlawn Park Cemetery

Date April 4 1908

Undertaker H. Rinder Sons.

Address 1710 Linden Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C11017
40

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Driscoll

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 4/4 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 3 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 15 1905 to April 3 1908, that I last saw h— alive on April 3 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

(DURATION) DAYS

Contributory (Primary.) Carcinoma

1 Year (DURATION) DAYS

(Signed) Robt P Gray. M.D.

Address Bay View Asylum

Date April 3 1908

Place of Burial Sacred Heart

Date Apl. 4th 1908

Undertaker Chas F. Doane

Address 1814 20 W. Mt. Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

47

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11018

City of Baltimore, (No. 1025 Hopkins Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth N Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: Jan (Month) 23 (Day) 1898 (Year)

AGE: 10 years, 2 months, 10 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Hubert J Smith

BIRTHPLACE OF FATHER (State or country): Maryland Kat C

MAIDEN NAME OF MOTHER: Elizabeth Jamison

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: school-girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H V Tavadia

(Address) 640 N Carrollton Ave

Filed 4/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to April 3 1908 that I last saw h[illegible] alive on April 2 1908, and that death occurred, on the date stated above, at 1.30 a. m. The CAUSE OF DEATH was as follows:

Endocarditis

(DURATION) 14 DAYS

Contributory Tonsilitis & Rheumatism

(DURATION) 14 DAYS

(Signed) H V Tavadia M. D.

April 3 1908 (Address) 640 N Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Apr. 5 1908

UNDERTAKER: Geo J. Smith Co

ADDRESS 1000 Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

60

CERTIFICATE OF DEATH.

Registered No. B 011019

City of Baltimore, (No. 1110 Harlem Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susannah F. Hogg

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 20 1822 (Month) (Day) (Year)

AGE: 85 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto. Co. Md

FULL NAME OF FATHER: John Wesley Hogg

BIRTHPLACE OF FATHER (State or country): Balt. Co. Md

MAIDEN NAME OF MOTHER: Ann Worthington

BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas G. Hogg

(Address) 1037 Harlem Ave

Filed 4/4 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2d 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 1876 to 1908

that I last saw her alive on April 2 1908,

and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Chronic Cerebritis

10 Yrs (DURATION) DAYS

Contributory Advanced age

(DURATION) DAYS

(Signed) Jas F. Powell M. D.

April 3 1908 (Address) 304 W. Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Greenmount Cem — DATE OF BURIAL: April 5 1908

UNDERTAKER: Geo G Smith & Co — ADDRESS: 1700 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

s from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

TION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of sician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same scertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B [illegible]

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 1919 W. Lanvale St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clara. T. Wheeler.

{Residence, if in Baltimore, Give Street and Number.} 1919. W. Lanvale st

Duration of Residence in Baltimore. 15 years C 11020

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH July. 23 1867

AGE 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Harford Co.

FULL NAME OF FATHER Michael Wheeler.

BIRTHPLACE OF FATHER (State or country) Harford Co.

MAIDEN NAME OF MOTHER Francis Ryder

BIRTHPLACE OF MOTHER (State or country) Harford Co.

OCCUPATION OF DECEASED Stay at Home.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Present
Mrs Edwin L Caulk.

(Address) 2912 Ellen st

Filed 4/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 1908

I HEREBY CERTIFY, That I attended deceased from March 30 1908 to April 3 1908 that I last saw her alive on April 2 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Edema of Lungs

(DURATION) 5 DAYS

Contributory (Primary.) Fatty Heart (DURATION) 6 Months

(Signed) John E Hurd M.D.

Address 647 W Lafayette Ave

Date April 3 1908

Place of Burial Ellicott City Md

Date April 5 08. 190

Undertaker Wm Cook.

Address 702 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

C11021

CERTIFICATE OF DEATH.

43

(Place of Death.) No 524 Scott St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Gilchrist

{ Residence, if in Baltimore, Give Street and Number. } 524 Scott St.

Duration of Residence in Baltimore. 48 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: Colored

DATE OF BIRTH: 1

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Bernard Gilchrist

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Giblin

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Agnes Gilboe.

(Address) 2301 Maryland Av.

Filed 4/4 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3rd 1908

I HEREBY CERTIFY, That I attended deceased from March 11 1908 to Aug 5th 1908

that I last saw h— alive on Aug 1 1908,

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Breast.

(DURATION) 180 DAYS

Contributory (Primary.)

(DURATION) 7 DAYS

(Signed) Edw Crumpton M.D.

Address 517 Lexington

Date Aug 5 1908

Place of Burial Cathedral Cem

Date Aug 4/08 1908

Undertaker W. M. Cook

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B C11022

CERTIFICATE OF DEATH.

92

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lilly Knopf.

{Residence, if in Baltimore, Give Street and Number.} 5' 1808 Fremont St.

Duration of Residence in Baltimore. 2 yrs

C11022

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 22 1906

AGE: 2 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Otto Knopf.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kate McCord

BIRTHPLACE OF MOTHER (State or country): Baltimore.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Knell

(Address) 217 Columbus Ave

Filed 4/4 1908

HENRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 3 — 1908

I HEREBY CERTIFY, That I attended deceased from March 28 1908 to April 3 1908

that I last saw h[illegible] alive on April 3 1908,

and that death occurred, on the date stated above, at 9:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral meningitis

(DURATION) DAYS

Contributory (Primary.) Bronchopneumonia

(DURATION) DAYS

(Signed) C. W. Edwards M.D.

Address Maywood, Md.

Date 4/3/08 1908

Place of Burial Loudon Park

Date April 5th 1908

Undertaker A. Knell & Son

Address 807 Columbus Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C11623 Registered No. B C11623

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 1304 McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Walter Roche

{Residence, if in Baltimore, Give Street and Number.} 1304 McCulloh St

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH July 3rd 1834

AGE 73 years, 8 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Philadelphia Pa

FULL NAME OF FATHER Martin Roche

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Mahoney

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Retired Navy officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Roche

(Address) 1304 McCulloh st

Filed 4/4 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2. 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20th 1907 to April 2 1908 that I last saw h[illegible] alive on April 2 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

(DURATION) 1 hour DAYS

Contributory (Primary.) Valvular Lesion + Cardiac Dilitation (DURATION) 29 years DAYS

(Signed) William J. Grossick M.D.

Address 1606 Madison ave

Date April 3rd 1908

Place of Burial Greenmount Cemetery

Date April 6th 1908

Undertaker Stewart & Mowen Co

Address 215-217 Park ave

WM. J. C. DULANY CO., BALTIMORE.

Dr W J Grossick 1606 Madison ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person **death.**

CERTIFICATE OF DEATH.

176

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Haughey

{ Residence, if in Baltimore, Give Street and Number. } Baldwin Md.

Duration of Residence in Baltimore. 3 days

C 11024

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: 1

AGE: 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Mill Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Record at Hospital

(Address)

Filed 4/4 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 2 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate.)

Encephalitis

(DURATION) 3 DAYS

Contributory (Primary.) Depressed fracture

Ostitis (DURATION) 13 DAYS

(Signed) R Martin M.D.

Address Coroner

Date Apr 2 - 1908

Place of Burial Belair Harford Co Md

Date April 2 1908

Undertaker John E Haugh Co

Address 1422 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

This certificate is issued at the direction of State's attorney. Albert S. Abrams.

Ward 10 C11025 Registered No. B C11025

CERTIFICATE OF DEATH.

123

(Place of Death.) No. 1115. N. Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Cornelius Hawkins

{Residence, if in Baltimore, Give Street and Number.} 1115. N. Stockton St

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1858. 1

AGE 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER Cornelius Hawkins

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Sophia Thomas

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah Hawkins

(Address) 1115 Stockton St

Filed 4/4 1908 HARRY O. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3d 1908

I HEREBY CERTIFY, That I attended deceased from Febry 14th 1908 to April 1 1908 that I last saw him alive on April 1 1908 and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure (immediate)

Secondary. Chronic Cystitis, Anemia & Hernia

(DURATION) ... DAYS

Con'ributory (Primary.)

(DURATION) ... DAYS

(Signed) Addison C. Fox M.D.

Address 313. N. Carey St

Date April 3d 1908

Place of Burial Mt. Auburn

Date April 5th 1908

Undertaker Edmund Wright

Address 1364 Edgar St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C11026 Registered No. B C11026 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2210 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha Colbert.

{Residence, if in Baltimore, Give Street and Number.} 2210 Druid Hill Ave

Duration of Residence in Baltimore. 22 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR a Q

DATE OF BIRTH 1866

AGE 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Prince George Co Md

FULL NAME OF FATHER Wm Thomas

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Martha Bolden

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm T Colbert

(Address) 2210 Druid Hill Ave

Filed 4/4 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Mar 25th 1908 to April 2nd 1908 that I last saw h er alive on April 2 1908 and that death occurred, on the date stated above, at 8.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy (DURATION) 8 DAYS

Con'ributory (Primary) (DURATION) DAYS

(Signed) F. C. Lusk M.D.

Address 1313 N. North Ave

Date April 2nd 1908

Place of Burial Mt Olivet

Date April 5th 1908

Undertaker Hammond & Wright

Address 1364 Mt Auburn St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2806. Catherine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christian H. Hollenberg

{ Residence, if in Baltimore, Give Street and Number. } 2806. Catherine St.

Duration of Residence in Baltimore. Lifetime C11027

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 28th 1908

AGE: ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Christian H. Hollenberg

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Mary H. Murray

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christian H Hollenberg

(Address) 2806 Catherine St

Filed 4/4 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3d 1908

I HEREBY CERTIFY, That I attended deceased from April 3d 1908 to April 3d 1908

that I last saw him alive on April 3d 1908,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) Two DAYS

Contributory (Primary) Eclampsia

(DURATION) 1 DAYS

(Signed) John Davis M.D.

Address 2102 Eden St

Date April 4th 1908

Place of Burial Baltimore Cemetery

Date April 5th 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 854 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Robt and Beulah Fenton Unnamed

{Residence, if in Baltimore, Give Street and Number.} 854 Pierce St

Duration of Residence in Baltimore. Life

C 11028

PERSONAL AND STATISTICAL PARTICULARS

SEX f | COLOR C

DATE OF BIRTH 1

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) B

FULL NAME OF FATHER Robt Fenton

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Beulah Price

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Fenton

(Address) 854 Pierce St

Filed 4/4 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 3 1908

I HEREBY CERTIFY, That I attended deceased from Apr Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) DAYS

Contributory (Primary.) Premature birth (DURATION) DAYS

(Signed) [illegible] M.D.

Address Cor

Date Apr 4 1908

Place of Burial Mt Olivet

Date April the 4th 1908

Undertaker Alfred J Frederick

Address 106 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

Ward V C1029

Registered No. B C1029

94

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ramsay Dennis.

{Residence, if in Baltimore, Give Street and Number.} Lonely, Maryland.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: 1

AGE: 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: George Dennis

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Alice Mitchell

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Driver.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/4 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 1908

I HEREBY CERTIFY, That I attended deceased from March 26 1908 to April 3 1908 that I last saw him alive on April 3 1908, and that death occurred, on the date stated above, at 8.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pyemia

(DURATION) 10 DAYS

Contributory (Primary.) Empyema

(DURATION) 28 DAYS

(Signed) J. H. Bird M.D.

Address University Hospital

Date April 3 1908

Place of Burial Havre de Grace

Date April 4 1908

Undertaker C. Schlosman & Son

Address 1039 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 11030

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1435. N. Fremont Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Leo Thomas.

{Residence, if in Baltimore, Give Street and Number.} 1435b N. Fremont Ave.

Duration of Residence in Baltimore. 3 Months

C 11030

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 1908

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Harry B. Thomas

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Nellie McCarty.

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry B. Thomas

(Address) 1435. N. Fremont Ave.

Filed 4/4 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 4th 1908

I HEREBY CERTIFY, That I attended deceased from March 20th 1908 to March 31st 1908

that I last saw h[illegible] alive on March 31st 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Contributory (Primary.) ..... (DURATION) 14 DAYS

..... (DURATION) ..... DAYS

(Signed) J. C. Morton M.D.

Address 638 N Gilmor

Date April 4th 1908

Place of Burial St. Peters Cemetery

Date April 4th. 1908. 190

Undertaker William M. Gauthrab.

Address North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

Registered No. B

64

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles H Colburn

{Residence, if in Baltimore, Give Street and Number.} 1904 Garrett ave

Duration of Residence in Baltimore. 15 mos

C11031

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 1879

AGE: 28 years, 7 months, days

SINGLE, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: John Colburn

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Eliz Colburn

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Book keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Colburn Jr

(Address) 1904 Garrett ave

Filed 4/4 1908

BARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 3 1908

I HEREBY CERTIFY, That I attended deceased from March 4 1908 to April 3 1908

that I last saw h[illegible] alive on April 3 1908

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

cerebral haemorrhage

(DURATION) DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date April 3 1908

Place of Burial Pocomoke City Md.

Date April 6 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C11032

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 2137 E Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Hildwein

{Residence, if in Baltimore, Give Street and Number.} 2137. E Federal

Duration of Residence in Baltimore. / 50 years

C 11032

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH Mar 10 1837

AGE 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Adam Hoffman

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Ann Hoffman

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J Green

(Address) 2137 E Federal

Filed 4/4 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 3 1908

I HEREBY CERTIFY, That I attended deceased from Mch 27 1908 to Apl 3 1908 that I last saw her alive on Apl 2 1908, and that death occurred, on the date stated above, at 5 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

old age

Chron Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) E Schmid M.D.

Address 1419 Eager

Date Apl 3 1908

Place of Burial Mt. Carmel

Date Apl 6 1908

Undertaker Robt Johnson

Address 1422 N. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

106

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 011033

City of Baltimore, (No. 22 Calvert Road St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael Burggraf

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug. (Month) 17th (Day) 1836 (Year)
AGE	71 years, 7 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	Michael Burggraf Sr.
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Don't know.
BIRTHPLACE OF MOTHER (State or country)	Don't know.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Bertha Burggraf

(Address) 22 Calvert Road

Filed 4/4 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 3rd 1908 to April 3rd 1908, that I last saw him alive on March 16th 1908, and that death occurred, on the date stated above, at ____ M. The CAUSE OF DEATH was as follows:

Chronic Catarrhal Enteritis

* (DURATION) 60 DAYS

Contributory Old Age

(DURATION) ____ DAYS

(Signed) John Hauff M. D.

Apr. 3rd 1908 (Address) 15 N. Monroe St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	April 5 1908
UNDERTAKER	ADDRESS
F. B. Kupfert	

* Federick Ave Extd

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B.....

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 1905 E Lafayette av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry C. Jarboe.

{ Residence, if in Baltimore, Give Street and Number. } 1905 E Lafayette av

Duration of Residence in Baltimore. Lifetime C 11034

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. 27 1905

AGE: 2 years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Harry C Jarboe

BIRTHPLACE OF FATHER (State or country): Charlestown Md

MAIDEN NAME OF MOTHER: Lydia M Miller

BIRTHPLACE OF MOTHER (State or country): N. C.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry C Jarboe.

(Address) 1905 E Lafayette av

Filed 4/4 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 3 1908

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to April 3 1908 that I last saw him alive on April 3 1908, and that death occurred, on the date stated above, at 6-15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia Streptococcus and Diphtheria

Lobar pneumonia treated (DURATION) 14 DAYS

Contributory (Primary.)

Diphtheria (DURATION) 2 DAYS

(Signed) M E Douglas M.D.

Address 5 N Pulaski St

Date Apl 3 1908

Place of Burial London Park

Date April 4 1908

Undertaker Edw. I. Fanning. FUNERAL DIRECTOR.

Address 1911 E Lafayette av

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97

CERTIFICATE OF DEATH.

(Place of Death.) No. 1001 N Charles C 11035 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Finkeldey

{Residence, if in Baltimore, Give Street and Number.} 1001 N Charles St

Duration of Residence in Baltimore. 40 years

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 29 1836

AGE 71 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Wilhelmsen

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Finkeldey

(Address) 1001 N Charles St

Filed 4/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 2d 1908

I HEREBY CERTIFY, That I attended deceased from Mch 16th 1908 to Apr 2d 1908 that I last saw h-- alive on Apr 2d 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Asthma & Pulmonary congestion

Asthma (DURATION) DAYS

Contributory (Primary) Heart Failure (DURATION) DAYS

(Signed) H. H. Hayden M.D.

Address 1425 Light st,

Date Apr 8 1908

Place of Burial London Park

Date April 5 1908

Undertaker H. J. Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

Dr ask Hayden Apr 21 decem

Registered No. B C11036

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 703 E Fort av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo L Meeder

{ Residence, if in Baltimore, Give Street and Number. } 703 E Fort av

Duration of Residence in Baltimore. 40 yrs

C11036

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 8 1840

AGE: 67 years, 6 months, 25 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Store Mounter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank J. Meeder

(Address) #703 E. Fort. Ave.

Filed 4/4 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2 1908

I HEREBY CERTIFY, That I attended deceased from Mar 15 1908 to Apr 2 1908 that I last saw him alive on Apr 1 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Influenza

(DURATION) 18 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J H Cushman M.D.

Address 1303 Light St

Date Apr. 2 1908

Place of Burial Western Cem

Date Apr 5 1908

Undertaker N. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible]

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1514 W.Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Debora O.Mitchell.

{ Residence, if in Baltimore, Give Street and Number. } 1514 W.Franklin St.

Duration of Residence in Baltimore. 50 Years.

C11037

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: July 18 1834	
AGE: 73 years, 8 months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Baltimore Co.Md.	
FULL NAME OF FATHER: Edward A.Cockey.	
BIRTHPLACE OF FATHER (State or country): Baltimore Co.Md.	
MAIDEN NAME OF MOTHER: Urath C.Owings.	
BIRTHPLACE OF MOTHER (State or country): Baltimore Co.Md.	
OCCUPATION OF DECEASED: N[illegible]	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss.Mary Mitchell.

(Address) 1514 W.Franklin St.

Filed 4/4 1908 HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2nd 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to April 2 1908

that I last saw h[illegible] alive on April 1 1908

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion from Tuberculosis following La Grippe

June 1st (DURATION) [illegible] DAYS

Con'ributory (Primary.) [illegible]

(DURATION) [illegible] DAYS

(Signed) D.H.Waldram. M.D.

Address 917 Madison Ave

Date April 2nd 1908

Place of Burial Loudon Park.

Date April 6 1908 190[illegible]

Undertaker Geo.W.Little.

Address 531 N.Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the [illegible]e duty of the Physician who attended during his or her last sickness, or the Coroner, when the [illegible]otice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the [illegible]etting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

93

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11638

City of Baltimore, (No. 1130 McCulloh St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline DeValin

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: Sept. (Month) 12 (Day) 1826 (Year)

AGE: 81 years, 6 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City.

FULL NAME OF FATHER: Hugh DeValin.

BIRTHPLACE OF FATHER (State or country): Phila.Pa.

MAIDEN NAME OF MOTHER: Sarah Warking.

BIRTHPLACE OF MOTHER (State or country): Baltimore City.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss.Laura DeValin,

(Address) 807 N.Fremont Ave.

Filed 4/4 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 3d 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Febry 22 1908 to Apr 3d 1908 that I last saw h-er alive on Apr 2 1908, and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) — DAYS

Contributory —

(DURATION) — DAYS

(Signed) Chas. D. Reboy M. D.

4 3 — 1908 (Address) 1113 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount	April 5 1908.

UNDERTAKER	ADDRESS
Geo.W.Little.	531 N.Fremont Av

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cau[illegible]

Ward 1 C11039 Registered No: B C11039

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 709 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bronislava Gravanska

{Residence, if in Baltimore, Give Street and Number.} # 709 S. Bond St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Kastanty Gavenski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Rozalia Beer-Kowlcy

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kostanty Gavenski

(Address) Curtis Bay

Filed 4/4 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 4 1908 that I last saw her alive on April 3 1908. and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Entero-colitis

(DURATION) 6 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Alice Anna St.

Date April 4th, 1908

Place of Burial Holy Rosary

Date April 4 1908

Undertaker William Fialkowski

Address 732 S. Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C11040 Registered No. B C11040

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 16 Harrison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Dankozewicz

{Residence, if in Baltimore, Give Street and Number.} 16 Harrison st

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ( ) 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Antoni Dankiewicz

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Anna Dank

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Dankiewicz

(Address) 16 Harrison.

Filed 4/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4. 1908

I HEREBY CERTIFY, That I attended deceased from March 15 1908 to March 15 1908

that I last saw h[illegible] alive on [illegible] 1908,

and that death occurred, on the date stated above, at 1.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonari Tuberculosis

One years (DURATION) DAYS

Contributory (Primary) Consumption

(DURATION) DAYS

(Signed) A. J. Freedman M.D.

Address 918 E Fayette st

Date April 4. 1908

Place of Burial St. Stanislaus

Date April 6 1908

Undertaker William Laikowski

Address 428 N Bond St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 2712 Huntingdon Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Uriah Barnes

{Residence, if in Baltimore, Give Street and Number.} 2712 Huntingdon Ave

Duration of Residence in Baltimore. C11041

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 24 1838

AGE: 70 years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Carroll Co.

FULL NAME OF FATHER: Solomon Barnes

BIRTHPLACE OF FATHER (State or country): Carroll Co.

MAIDEN NAME OF MOTHER: Brothers

BIRTHPLACE OF MOTHER (State or country): Carroll Co.

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Barnes

(Address) 2005 York Road

Filed 4/4 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3rd 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 2 1908 that I last saw him alive on April 2 1908, and that death occurred, on the date stated above, at 2.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

"Has been subdelirious since attack of typhoid fever 6 yrs. ago." (DURATION) 4 DAYS

Contributory (Primary) Prematurity (DURATION) DAYS

(Signed) Roscoe Stroes M.D.

Address 211 - W 25 St

Date April 4th 1908

Place of Burial Mt Olivet

Date May 5 1908

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C11042

CERTIFICATE OF DEATH.

(Place of Death.) No. 109 S. Stattford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rudolph Beckmann

{ Residence, if in Baltimore, Give Street and Number. } 109 S. Stafford St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 29 1849

AGE: 58 years, 10 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Augusta Beckmann

(Address) 109 Stafford St

Filed 4/4 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2nd 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190

and that death occurred, on the date stated above, at 12 20 M.

CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis

Senility

(DURATION) 2 DAYS

Contributory (Primary) Bright's Disease

(DURATION) [illegible] DAYS

(Signed) Brian Jones M.D.

Address [illegible]

Date April 3rd 1908

Place of Burial Mt. Olivet Cem.

Date April 5th 1908

Undertaker C. W. Dill

Address 810 Fredk. Ave. City

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married, deceased, and the **cause and date of death.**

Registered No. B 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 417 Stockholm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Inviser.

{ Residence, if in Baltimore, Give Street and Number. } 417 Stockholm St.

Duration of Residence in Baltimore. 54 Years. C 11043

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 20th 1833

AGE: 74 years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Adam Invsier.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Ernst.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Inviser.

(Address) 417 Stockholm

Filed 4/4 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to April 3d 1908

that I last saw h-r alive on April 3 1908 4.30

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Senile debility
Acute Bronchitis

3 Month (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 835 Lexington

Date 190

Place of Burial Trinity Cemetery

Date April 5th 1908

Undertaker Jas & Jno H. Teufel

Address 801 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C11044 Registered No. B C11044

CERTIFICATE OF DEATH. 28

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alvin Beale

{Residence, if in Baltimore, Give Street and Number.} 1527 Druid Hill ave

Duration of Residence in Baltimore. 3

C 11044

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: 1

AGE: 2 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single.

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Andrew H Beale

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Minnie Bluford

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew H Beale

(Address) 1527 Druid Hill ave

Filed 4/4 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2 1908

I HEREBY CERTIFY, That I attended deceased from March 30 1908 to April 2 1908 that I last saw h alive on April 2 1908 and that death occurred, on the date stated above, at 11.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculous Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P W Edwards M.D.

Address Johns Hopkins Hospital

Date April 2 1908

Place of Burial Mt Auburn

Date April 5th 1908

Undertaker James H Dennis

Address 1232 Dresstuan

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C11045 Registered No. B 91

CERTIFICATE OF DEATH.

(Place of Death.) No. 205 W. Monty. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Willie Rice

{Residence, if in Baltimore, Give Street and Number.} 205 W. Monty.

Duration of Residence in Baltimore. life C11045

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: colored

DATE OF BIRTH: 1

AGE: 8 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): md.

FULL NAME OF FATHER: Samuel Rice

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Sadie Laws

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Rice

(Address) 205 W. Montgomery st.

Filed 4/4" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 1908

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to April 3 1908

that I last saw him alive on April 3 1905,

and that death occurred, on the date stated above, at 12.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 14 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 14 DAYS

(Signed) W. Forbes M.D.

Address 742 S. Stricker st

Date April 4 1908

Place of Burial Mt. Auburn Cem.

Date April 5 1908

Undertaker John H. Toadvine

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. B 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 534 W Franklin St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin O Sullivan

{ Residence, if in Baltimore, Give Street and Number. } Prince George co. Md

Duration of Residence in Baltimore. a visit for a day C11046

PERSONAL AND STATISTICAL PARTICULARS

SEX Mail | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Daniel Sullivan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ann Henderson

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Washington Sullivan

(Address) 1702 E Broad

Filed 4/4" 1908 HENRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3rd 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

died suddenly (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wm Mac Dunn M.D.

Address 700 Log. Av. (Govmen)

Date April 4th 1908

Place of Burial Western Cemetery

Date April 6th 1908

Undertaker J Shue & Hyatt Co

Address 1422 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th C11047 Registered No. B 176

CERTIFICATE OF DEATH.

(Place of Death.) No. 500 E. Fort Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Joseph Wm McFord

{Residence, if in Baltimore, Give Street and Number.} 500 E. Fort Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: August 14 1906.

AGE: 1 year, 7 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Wm McFord

BIRTHPLACE OF FATHER (State or country): Kentucky

MAIDEN NAME OF MOTHER: Mary C Spriggs

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C McFord (mother)

(Address) 1507 Lexington St.

Filed 4/4/ 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Found dead March 29 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

I. CAUSE OF DEATH (Secondary or Immediate)

Laudanum poisoning & illuminating gas asphyxia Homicide.

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date April 4 1908.

Place of Burial Baltimore Cemetery

Date Apr 5 1908.

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward IV C11048 Registered No. B 146

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Genl. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Abrams

{Residence, if in Baltimore, Give Street and Number.} 1605 Eastern Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: 1

AGE: 32 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Rubin Abramis

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Bickie Myers

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Abrams

(Address) 530 N Rondot

Filed 4/4" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 4. 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 25 1908 to Apr 4 1908 that I last saw h[illegible] alive on Apr. 3 1908 and that death occurred, on the date stated above, at 2.30 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Septicaemia

(DURATION) 14 DAYS

Con'ributory (Primary.) Exhaustion after Sepsis (DURATION) 5 days

(Signed) W. W. Bowen M.D.

Address Md. Gen. Hosp.

Date Apr. 4, 1908

Place of Burial Hebrew Sterling Run

Date April 5, 1908

Undertaker Max Lennon

Address 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 93

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Reader

{ Residence, if in Baltimore, Give Street and Number. } W. Shirley Lane

Duration of Residence in Baltimore. life C11049

PERSONAL AND STATISTICAL PARTICULARS

SEX Mail | COLOR White

DATE OF BIRTH 1

AGE 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jos Reader

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Reader

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Epstein Supt.

(Address) Hebrew Children Home.

Filed 4/5 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 4 1908

I HEREBY CERTIFY, That I attended deceased from Apr 3 1908 to Apr 4 1908

that I last saw h in alive on Apr 4 1908

and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Toxaemia from Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Lobar Pneumonia

(DURATION) 2 DAYS

(Signed) Edwin Bayly M.D.

Address Hebrew Hospital

Date Apr 4 1908

Place of Burial Edbrew Randallstown Cemetery

Date April 5 1908

Undertaker Max Lemmer

Address 120 N Eden St

WM. J. C. DULANY CO., Baltimore.

Ward 1 4 — C11050 — Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2440 Canton ~~St~~ ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edna Beverungen

{Residence, if in Baltimore, Give Street and Number.} 2440 Canton ~~St~~ ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR W.

DATE OF BIRTH April 4 1905

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sgle

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Henry Beverungen

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Minnie Hermon

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mr Henry Beverungen

(Address 2440 Canton Ave

Filed 4/5" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1908

I HEREBY CERTIFY, That I attended deceased from April 4 1908 to April 4 1908

that I last saw h alive on April 4 1908,

and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate.)

Premature birth

(DURATION) 1 DAYS

Contributory (Primary.) Edentia

(DURATION) DAYS

(Signed) O L Long M.D.

Address 2429 East ave

Date April 4 1908

Place of Burial Emanuel Cem

Date April 5th 1908

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 164

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Rose Mc Carron

{Residence, if in Baltimore, Give Street and Number.} 1817 Ashland Ave

Duration of Residence in Baltimore. 47 yrs. C 11051

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Logue

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rose C. Hade

(Address) 1814 Ashland Ave

Filed 4/5 1908 HARRY C. ANDREW Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 3 1908

I HEREBY CERTIFY, That I attended deceased from Apr 1 1908 to Apr 3 1908

that I last saw h[illegible] alive on Apr 3 1908

and that death occurred, on the date stated above, at 12:15

P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock

(DURATION) 36 Hrs. DAYS

Contributory (Primary) Fracture femur tibia & fibula (DURATION) 36 Hrs. DAYS

(Signed) Geo. H. Flinger M.D.

Address St. Joseph's Hosp.

Date Apr. 3 1908

Place of Burial St. Vincents Cemetery

Date April 6th 1908

Undertaker Henry Hoeck Sons

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Engravers.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10

C11052 Registered No. B

CERTIFICATE OF DEATH. 41

(Place of Death.) No. 915 Lemon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rudolph Ruling

{Residence, if in Baltimore, Give Street and Number.} 915 Lemon st.

Duration of Residence in Baltimore. 42 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 14 1

AGE: 60 years, 1 month, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Frederick Ruling

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ruling

(Address) 915 Lemon St

Filed 4/5 1908

HARRY C. ABDR... Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to April 2 1908

that I last saw h.. alive on April 2 1908,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Intestines

one year (DURATION) DAYS

Contributory (Primary.) Anthrax

(DURATION) 30 DAYS

(Signed) J. E. Turner M.D.

Address 856 Columbia ave

Date April 2 1908

Place of Burial St Peters Cem

Date April 5 1908

Undertaker John A Moran

Address Bank & Ann Sts

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

C. 11052

GENERAL AFFIDAVIT.

State of Maryland, Baltimore City, to wit:

BE IT REMEMBERED, That this 11th day of April
A. D. 1908, before me, the subscriber a Justice of Peace
of the said State, in and for the City aforesaid, personally appeared
Mrs Sophia Reuling widow of Rudolph Reuling
and made oath in due form of law that Rudolph Reuling's
occupation was that of a Carpenter
instead of Laborer. as stated in
Statement attached

Stephen L. Broadbent

Ward ..... C11053 Registered No. B .....

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 3121 Dillon St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Edward Hartley

{ Residence, if in Baltimore, Give Street and Number. } 3121 Dillon St.

Duration of Residence in Baltimore. Life. C11053

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 18 1877

AGE: 30 years, ... months, ... days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles O Hartley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Barbara Flaherty

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 3121 Dillon St.

Filed 4/5 1908

HARRY C. ANDERSON Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 3 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 15 1908 to April 3 1908

that I last saw h[illegible] alive on March 24 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis 1 year (DURATION) ..... DAYS

Contributory (Primary) Asthenia (DURATION) 4 weeks

(Signed) W. J. McAvoy M.D.

Address 939 S Eutaw St.

Date April 4 1908

Place of Burial Mt Carmel Cem

Date April 6 1908

Undertaker John A Moran

Address Bank & Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward Q C1054 Registered No. B C1054

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 141 N. Chapel St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Annetta Lehecka

{Residence, if in Baltimore, Give Street and Number.} 141 N. Chapel St.

Duration of Residence in Baltimore

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Aug 1

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jos. Lehecka

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Frances A. Charvat

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Lehecka

(Address) 141 N. Chapel

Filed 4/5 1908. HARRY C. [illegible] Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3, 1908

I HEREBY CERTIFY, That I attended deceased from March 30, 1908 to April 3, 1908

that I last saw her alive on April 3, 1908,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia.

(DURATION) 8 DAYS

Contributory (Primary) Acute Cardiac Dilatation. (DURATION) 1 DAYS

(Signed) Emil Norris M.D.

Address 839 N. Patterson Pk. Ave

Date April 4, 1908.

Place of Burial Oak Hill Cem.

Date April 5 1908

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C11055 Registered No. B C11055

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 3010 West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Heyman.

{Residence, if in Baltimore, Give Street and Number.} 311 E West.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 12 1908

AGE: ..... years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: August Heyman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Emelie Kabagshan

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Father)

(Informant) August Heyman

(Address) 311 E West St.

Filed 4/5 1908 Registrar

HARRY O. [illegible]
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 4th 1908

that I last saw him alive on April 4 1908,

and that death occurred, on the date stated above, at 12 30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus (Exhaustion)

(DURATION) 21 DAYS

Contributory (Primary.)

Marasmus (DURATION) 21 DAYS

(Signed) August Horn M.D.

Address 40 E 25th St

Date April 4th 1908

Place of Burial Holy Cross Cem

Date April 6 th 1908

Undertaker E Harle

Address 116 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C11056 Registered No. B C11056

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 112 Roseland St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mamie Rehn

{Residence, if in Baltimore, Give Street and Number.} 112 Roseland

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH January 21 1891

AGE 17 years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Andrew Frank Rehn

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Magdalena Hasselberger

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED cigarette maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Frank Rehn (Father)

(Address) 112 Roseland St

Filed 4/5 1908 HARRY C. ANDREWS, REGISTRAR'S CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1908

I HEREBY CERTIFY, That I attended deceased from March 27th 1908 to April 4th 1908 that I last saw h er alive on April 3rd 1908, and that death occurred, on the date stated above, at 3.15 a M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 8 DAYS

Contributory (Primary.) Acute Bright's disease

(DURATION) ? DAYS

(Signed) G F Burton M.D.

Address 222. East Cross St

Date April 4th 1908

Place of Burial Holy Cross G & C

Date April 7th 1908

Undertaker E Veale

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C11057 Registered No. B C11057

CERTIFICATE OF DEATH. 106

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ann Boland

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: W.
DATE OF BIRTH: 1836	
AGE: 72 years, ~ months, ~ days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Irland	
FULL NAME OF FATHER: Patrick Boland	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: Bridget Pendergast	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Housekeeper	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 4/5 1908. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 4th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on April 3 1908, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diarhea

4 months (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A Warner M.D.

Address 1133 Valley st

Date April 5 1908

Place of Burial Holy Cross

Date April 6th 1908

Undertaker Henry Wiedefield

Address 914 Greenmount ave:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

C11058 Registered No. B C11058

CERTIFICATE OF DEATH.

(Place of Death.) No. 1823 N. Broadway St. 94

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name William R Avery

{Residence, if in Baltimore, Give Street and Number.} 1823 N. Broadway

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 24th 1863

AGE: 44 years, 3 months, 10 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Wm R Avery

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Sarah Corran

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Decorator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr J T. Avery Brother

(Address) 1823 N. Broadway

Filed 4/5 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3rd 1908

I HEREBY CERTIFY, That I attended deceased from March 22nd 1908 to April 3rd 1908

that I last saw him alive on April 2nd 1908

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate

Cardiac Paralysis

Chronic Nephritis (DURATION) 2 months Complications

Contributory (Primary) (DURATION) DAYS

(Signed) Charles H. A. Meyer M.D.

Address 1031 N. Carolina Ave

Date April 3rd 1908

Place of Burial Greenmount Cemetery

Date April 6th 1908

Undertaker George Schellinger Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1716 Guilford ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number

Full Name Daniel S. Koons

{Residence, if in Baltimore, Give Street and Number.} 1716 Guilford ave

Duration of Residence in Baltimore. 21 yr. C11059

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 19th 1867

AGE 40 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Edw. Koons

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER Elizabeth Mauzel

BIRTHPLACE OF MOTHER (State or country) unknown

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie B Koons

(Address) 1716 Guilford ave

Filed 4/5 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Saturday April 4th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1908 to April 4 1908 that I last saw him alive on April 4 1908 and that death occurred, on the date stated above, at 5:10 P. M. CAUSE OF DEATH (Secondary or Immediate

Carcinoma of Stomach

Six months (DURATION) DAYS

Contributory (Primary.) —

— (DURATION) DAYS

(Signed) Jos. J. Kenny M.D.

Address The St Paul, St Paul & Mt Royal Ave Baltimore

Date April 4th 1908

Place of Burial Druid Ridge

Date apr. 7 1908

Undertaker G. F. Walker

Address 723 W Lex ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B C11060

CERTIFICATE OF DEATH.

138

(Place of Death.) No. 103 E. Randall st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie M Riley.

{Residence, if in Baltimore, Give Street and Number.} 103 E. Randall st

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 18th 1881

AGE 26 years, 7 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thomas Burns

BIRTHPLACE OF FATHER (State or country) Dorchester Co Md.

MAIDEN NAME OF MOTHER Mary A Tomar

BIRTHPLACE OF MOTHER (State or country) Dorchester Co Md.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amanda A Riley.

(Address) 103 Randall st.

Filed 4/5 1908. MARY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 3d 1908

I HEREBY CERTIFY, That I attended deceased from Apr 3d 1908 to Apr 3d 1908 that I last saw h-- alive on Apr 3d 1908, and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate)

Par Puerperal Eclampsia

(DURATION) 5 hours DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1425 Light st.

Date Apr 4th 1908

Place of Burial Cedar Hill

Date April 6th 1908

Undertaker Jos. Stuntebeck

Address 1318 Light st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH. C11061

Registered No. B

City of Baltimore, (No. 2116 N. Calvert St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME R. Vinton Blake

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: Oct. (Month) 7 (Day) 1853 (Year)

AGE: 52 years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Chas Blake

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eliza L Woodcock

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie L Blake

(Address) 2116 N Calvert st

Filed 4/5 1908

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3rd (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 28th 1908 to April 3rd 1908 that I last saw h[illegible] alive on April 3rd 1908, and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(DURATION) 6 DAYS

Contributory Coma

(DURATION) 6 DAYS

(Signed) W J Willy M. D.

April 3 1908 (Address) 2129 St Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: April 5 1908

UNDERTAKER: E M Mitchell

ADDRESS: 1201 N Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ... Registered No. B ... CL1062

CERTIFICATE OF DEATH.

CL1062

11th

(Place of Death.) No. 1425 Riverside Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John V. Witter

{ Residence, if in Baltimore, Give Street and Number. } 1425 Riverside Ave

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. 9 — 1864

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas L. Witter.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Rase

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: Shipbuilder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fahey

(Address) 1253 Hillsdale st

Filed 4/5 1908 ... HENRY D. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2nd 1908

I HEREBY CERTIFY, That I attended deceased from January 13th 1908 to April 2nd 1908 that I last saw him alive on April 2nd 1908, and that death occurred, on the date stated above, at 3.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Primary Cause Carcinoma of Liver

3 Months (DURATION) DAYS

Contributory (Primary.)

Genital Cancer (DURATION) 1 DAYS

(Signed) J. K. Riley M.D.

Address 724 W. Leary st

Date April 4th 1908

Place of Burial New Cathedral Cem

Date Apr 6 1908

Undertaker John J Fahey & Son

Address 1232 William

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C11663 Registered No. B .....

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernest Jessups.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col.

DATE OF BIRTH: 1

AGE: 11 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: School boy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/5" 1908 HENRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3. 1908

I HEREBY CERTIFY, That I attended deceased from May 28 1907 to April 3 1908

that I last saw h~~im~~ alive on April 3 1908,

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date April 4 1908

Place of Burial Sacred Heart

Date April 5" 1908

Undertaker Chas. F. Evans

Address 1184 120 W. Mt. Royal ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 Registered No. B

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 727 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evelyn E. Kolb

{ Residence, if in Baltimore, Give Street and Number. } 727 S. Dallas st.

Duration of Residence in Baltimore. Life C 11064

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Chas. G. Kolb

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Annie Heil

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. G. Kolb.

(Address) 727 S. Dallas st.

Filed 4/5" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1908

I HEREBY CERTIFY, That I attended deceased from March 31 1908 to April 4 1908

that I last saw h[illegible] alive on April 4 1908,

and that death occurred, on the date stated above, at 11:40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Rawlins M.D.

Address 160 Bank

Date April 5 1908

Place of Burial Holy Redeemer

Date Apr. 16" 1908

Undertaker Wendell & Ikel Bro

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 11065 Registered No. B .....

CERTIFICATE OF DEATH.

43

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Lando.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: White

DATE OF BIRTH: 1

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/5" 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 13 1907 to April 4 1908 that I last saw h.. alive on April 3 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary.) Cancer of Breast (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date April 4 1908

Place of Burial St. Stanislaus Cem.

Date Apr. 7" 1908

Undertaker Arndell Bristol & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C11066 Registered No. B C11066

CERTIFICATE OF DEATH. 114

(Place of Death.) No. Md. General Hospital, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Beulah Hosey.

{Residence, if in Baltimore, Give Street and Number.} 300 Ashland Ave. Roland Pk.

Duration of Residence in Baltimore. Nine months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: 1883

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): North Carolina.

FULL NAME OF FATHER: Nukumsun

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Benj. Stanton

(Address) 300 Ashland Ave Roland Park

Filed 4/5 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 5, 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 4, 1908 to Apr. 5 1908 that I last saw h.. alive on Apr. 5 1908 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Congestion of Lungs.

(DURATION) 3 DAYS

Contributory (Primary.) Atrophy of Liver.

(DURATION) DAYS

(Signed) W. W. Brown M.D.

Address Md. Gen. Hosp.

Date Apr. 5, 1908

Place of Burial Goldsboro N.C.

Date April 6th 1908

Undertaker E. Schloman Sons

Address 1032 Hanover st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C11067 Registered No. B C11067

CERTIFICATE OF DEATH. 40

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elias Gerbe

{Residence, if in Baltimore, Give Street and Number.} Pine Grove Rd.

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 30 1869

AGE: 38 years, 10 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Wm Gerbe

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: Eliza Kensel

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elias Gerbe

(Address) Pine Grove Rd

Filed 4/5" 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1908

I HEREBY CERTIFY, That I attended deceased from March 30 1908 to April 4 1908

that I last saw h[illegible] alive on April 4 1908

and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Stomach.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Ernest L. K. Culbert M.D.

Address Johns Hopkins Hospital

Date APR 5 1908 1908

Place of Burial Pine Grove Pa.

Date APR 5 1908 190

Undertaker Albert C. Fuller

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B C11068

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 501 W Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis. Presti.

{Residence, if in Baltimore, Give Street and Number.} 501 W Conway St.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH 1

AGE 3 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S-

BIRTHPLACE (State or country) city.

FULL NAME OF FATHER Vincent Presti.

BIRTHPLACE OF FATHER (State or country) Italy.

MAIDEN NAME OF MOTHER Angelina Micicky.

BIRTHPLACE OF MOTHER (State or country) Italy.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Presti

(Address) 501 Conway St.

Filed April 6 1908 Samuel Presti Registrar

501 N. Conway St

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4 — 5 — 1908

I HEREBY CERTIFY, That I attended deceased from 3 — 1 — 1908 to 4 — 4 — 1908 that I last saw h[illegible] alive on 4 — 4 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsion -

24 hour -

(DURATION) 1 DAYS

Contributory (Primary.) Epidemic cerebro Spinal meningitis (DURATION) 26 DAYS

(Signed) S. Amarco M.D.

Address 1604 Linden ave

Date 4 — 8 — 1908

Place of Burial St Vincents Cemetery

Date April. 6. 1908

Undertaker M. Doyle

Address 176 Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

64

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11069

City of Baltimore, (No. 336 Chestnut St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Dorsey

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Black.
DATE OF BIRTH	Not known 1 (Month) (Day) Year)
AGE	6 Y years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widow
BIRTHPLACE (State or country)	Queen Anne Md.
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	House Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Queen

(Address) 226 Chestnut St.

Filed 4/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 4 1908 to March 22 1908 that I last saw h[illegible] alive on March 22 1908, and that death occurred, on the date stated above, at 5 P.M. The CAUSE OF DEATH was as follows:

Cerbral Hemorrhage second time

(DURATION) DAYS

Contributory Asthma

(DURATION) DAYS

(Signed) Alfred Ullman M. D.

April 5 1908 (Address) 502 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Hope	April 7 1908
UNDERTAKER R A Elliott	ADDRESS 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 C11070 Registered No. B

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 306 Butler St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm E. Skelton

{Residence, if in Baltimore, Give Street and Number.} 306 Butler St.

Duration of Residence in Baltimore. 23 years. C11070

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): St Marys Co Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary E. Cooper

BIRTHPLACE OF MOTHER (State or country): St Marys Co Md

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Skelton

(Address) 1306 Butler st

Filed 4/6 1908 HARRY O. INDARS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 3 1908

I HEREBY CERTIFY, That I attended deceased from Jany 1908 to Apr 3 1908 that I last saw him alive on Apr 2 1908; and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Heart disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H Edwood Smith M.D.

Address 538 Hanover St

Date Apr. 4 1908

Place of Burial Mechanicsville St Marys Co Md

Date April 7th 1908

Undertaker Robert A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C11071 Registered No. B C11071

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2721 Fait Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Beumler.

{Residence, if in Baltimore, Give Street and Number.} 2721 Fait Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 1st 1908

AGE: — years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John G. Beumler

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Josephine Sullivan

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G. Beumler.

(Address) 2721 Fait Ave.

Filed 4/6 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5th 1908

I HEREBY CERTIFY, That I attended deceased from April 1. 1908 to April 5 1908

that I last saw her alive on April 4th 1908

and that death occurred, on the date stated above, at 4.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(Premature birth. about 6 1/2 months)

(DURATION) Life DAYS.

Contributory (Primary) Inanition

(DURATION) Life DAYS.

(Signed) D.W. Jones M.D.

Address 3116 O'Donnell st

Date April 5. 1908

Place of Burial St. Alphonsus Cemetery

Date April 6th 1908

Undertaker Germaine France

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C11072

CERTIFICATE OF DEATH.

167

(Place of Death.) No. 705 Vine St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie B Johnson

{ Residence, if in Baltimore, Give Street and Number. } 705 Vine St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: C

DATE OF BIRTH: 1

AGE: 2 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): B

FULL NAME OF FATHER: Samuel Johnson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Annie Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. B. Brown

(Address) 705 Vine Street

Filed 4/6 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 4 1908

I HEREBY CERTIFY, That I attended deceased from Apr 4 1908 to Apr 4 1908

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Burns.

Acute Laryngitis

(DURATION) Few Hours

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) J Mallon M.D.

Address

Date Apr 6 1908

Place of Burial Mt. Auburn Cemetery

Date April 6" 1908

Undertaker Alex Hennelly

Address 570 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C11073 Registered No. B 33

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Jackson

{ Residence, if in Baltimore, Give Street and Number. } 1801 Walbrook St.

Duration of Residence in Baltimore. 32 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Black

DATE OF BIRTH: 1838

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) John Jackson

(Address) 624 N. Saratoga St.

Filed 4/6 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 4, 1908

I HEREBY CERTIFY, That I attended deceased from March 10, 1908 to 4-4- 1908

that I last saw him alive on 4-4- 1908

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Erysipelas

(DURATION) 5 DAYS

Con'ributory (Primary.) Pulmonary Tuberculosis

(DURATION) 1 Year,

(Signed) W. W. Brown M.D.

Address Md. Gen. Hosp.

Date Apr. 4, 1908

Place of Burial National Cemetery

Date April 6" 1908

Undertaker Alex. H. Inaly

Address 377 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 209 W. 24th Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Whiting (Whiting)

{Residence, if in Baltimore, Give Street and Number.} 209 W. 24th Street

Duration of Residence in Baltimore. 18 years C 11074

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: — 1	
AGE: 54 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.	
BIRTHPLACE (State or country): D. C.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Janitor	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora M. Whiting

(Address) 209 W. 24th Street

Filed 4/6 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 4 1908

I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1908 to April 4th 1908 that I last saw h[illegible] alive on Apl 2nd 1908, and that death occurred, on the date stated above, at 12.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

Pulmonal (DURATION) DAYS

Contributory (Primary.) Interstitial Pneumonia (DURATION) 6 Days

(Signed) [illegible] M.D.

Address 607 N. Fremont St

Date Apl 5th 1908

Place of Burial Washington, D. C.

Date April 7th 1908

Undertaker Alex. Hemsley

Address 578 W. Biddle Street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

Registered No. B C41075

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 120 W. Ostend St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary V. Hill -

{Residence, if in Baltimore, Give Street and Number.} 120 W. Ostend St

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH April 1 1877

AGE 31 years, 0 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Edwin C. Hill

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Lidia A. Higdon

BIRTHPLACE OF MOTHER (State or country) Balto. Md -

OCCUPATION OF DECEASED Domestic -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin C. Hill

(Address) 120 W Ostend St.

Filed 4/6 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3d 1908

I HEREBY CERTIFY, That I attended deceased from Mch 27 1908 to Apr. 3 1908

that I last saw h.. alive on Apr. 3 1908,

and that death occurred, on the date stated above, at 9 20 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis -

Since 1902 I first saw her.

Several years - (DURATION) DAYS

Contributory (Primary.)

Asthenia (DURATION) 3 DAYS

(Signed) Frank C. Ferguson M.D.

Address 1006 S. Chapel St.

Date 4/4 1908

Place of Burial Mt. Olivet Cemetery

Date April 6th 1908

Undertaker William H. Higdon

Address 851 Lindenave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

116

CERTIFICATE OF DEATH.

Registered No. B C11076

City of Baltimore, (No. 105 S. Durham St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm H. Fleig

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 14 (Day) 1906 (Year)

AGE: 1 years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry Fleig

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dora North

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Fleig

(Address) 1057 S. Durham St.

Filed 4/6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 3rd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 2nd 1908 to April 3rd 1908

that I last saw him alive on 11 11 1908,

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Acute Peritonitis

Family State (DURATION) 8 DAYS

Contributory (DURATION) DAYS

(Signed) A Gregg Herkler M. D.

4-11- 1908 (Address) 28 W. Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: April 6 1908

UNDERTAKER: W. Saunders & Son

ADDRESS: 1710 Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C11077 Registered No. B C11077

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 913 N. Central ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Emma C Wetzelberger

{Residence, if in Baltimore, Give Street and Number.} 913 N. Central ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 20th 1856

AGE: 51 years, 10 months, 14 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Hackett

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah Homer

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Wetzelberger

(Address) 913 N Central ave

Filed 4/6 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11.45 April 4 1908

I HEREBY CERTIFY, That I attended deceased from ~~1885~~ 1900 to March 30th 1908

that I last saw her alive on about 30 March 1908

and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate

for various diseas

along time with Disease of

womb & Stomach &

(DURATION) DAYS

Con'tributory (Primary) Heart trouble

lately (DURATION) 100 15 DAYS

(Signed) Richd Lappington M.D.

Address 112 N Gay St

Date April 8th 1908

Place of Burial London Park Cemetery

Date April 8th 1908

Undertaker George Schulling & Sons

Address 1126 E Monument st

Dr just at office could not give exact date

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C11078 Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Walbrook, Windsor road 16 th St.) (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles E. Hayes

{ Residence, if in Baltimore, Give Street and Number. } Windsor & Walbrook ave. Balti. Co

Duration of Residence in Baltimore. All ways for the days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: about 49 yrs

..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: C. E. Hayes

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hayes

(Address) Windsor & Walbrook ave

Filed 4/6 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 th 1908

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Shock, by an account of electricity

Killed instantly (DURATION) ..... DAYS

Con'ributory (Primary.) accident

(DURATION) ..... DAYS

(Signed) Wm Baldwin M.D.

Address 709 Log. av. (corner)

Date April 6 th 1908

Place of Burial Mt Calvary Cemetery

Date Walbrook apl 7 1908

Undertaker Wm J Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C41079

City of Baltimore, (No. 141 N. Monut St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Vernie Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Black
DATE OF BIRTH	June 17 1907 (Month) (Day) (Year)
AGE	years, 8 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	1727 Trinidad Co
FULL NAME OF FATHER	David Jones
BIRTHPLACE OF FATHER (State or country)	West Virginia
MAIDEN NAME OF MOTHER	Lizzie Dorsey
BIRTHPLACE OF MOTHER (State or country)	North Carolina
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jones

(Address) 141 N. Mount st

Filed 4/6 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 15 1908 to April 4 1908 that I last saw her alive on April 4 1908, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 19 DAYS

Contributory

(DURATION) DAYS

(Signed) Leander Stevenson M. D.

April 6 1908 (Address) 1655 Fulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	April 6 1908
UNDERTAKER	ADDRESS
E. J. Johnson	611 Baker st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C11030 Registered No. B C11030

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1404 Division St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Adale E. Driggs

{ Residence, if in Baltimore, Give Street and Number. } 1404 Division St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE ..... years, ... months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Joe Driggs

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Jones

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joe Driggs

(Address) 1404 Division

Filed 4/6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia

from Birth (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 W. Lexington, Corner

Date April 4 1908

Place of Burial Cat Spring

Date April 6 1908

Undertaker Wm. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C11031

C11031

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 509 Baker St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of Nettie

Full Name Dorsey

{ Residence, if in Baltimore, Give Street and Number. } 509 Baker St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH March 15 th. 1908

AGE ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Harrison Griffith

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Nettie Dorsey

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Dorsey.

(Address) 509 Baker St.

Filed 4/6 1908

HARRY O. ANDREW, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 th. 1908

I HEREBY CERTIFY, That I attended deceased from April 2 1908 to April 4 1908 that I last saw her alive on April 2 1908, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth.

Congenital debility.

(DURATION) 15 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) K. D. S. Kelly M.D.

Address 2143 Linwood Ave.

Date April 4 1908

Place of Burial Mt Olivet

Date April 6 1908

Undertaker W. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C11082 Registered No. B C11082

CERTIFICATE OF DEATH.

(Place of Death.) No. 2114 Mt Royal Terrace St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles. W. McLean

{Residence, if in Baltimore, Give Street and Number.} 2114 Mt Royal Terrace

Duration of Residence in Baltimore. 6 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 21st 1835

AGE 72 years, 6 months, 14 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER Charles McLean, M.D.

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Margaret. McCampbell

BIRTHPLACE OF MOTHER (State or country) Missouri

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. W. Atkinson

(Address) 2114 Mt. Royal Terrace Baltimore

Filed 4/6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1908

I HEREBY CERTIFY, That I attended deceased from June 1906 to April 5 1908 that I last saw him alive on Apl 5 1908, and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Genuine Dropsy from acute Nephritis

about 2 Months (DURATION) DAYS

Contributory (Primary) Carcinoma of bladder 2 years. (DURATION) DAYS

(Signed) W. M. Lewis M.D.

Address 1220 Linden Ave

Date April 5 1908

Place of Burial Reisterstown Md.

Date April 8 1908

Undertaker Stewart & Mowen Co.

Address 215 & 217 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C11083

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C11083

City of Baltimore, (No. 1911, Eutaw Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Solomon Kann

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 13 (Day) 1836 (Year)

AGE: 71 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Leopold Kann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S Kann

(Address) 1911 Eutaw Place

Filed 4/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 4 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from November 1902 to April 4 1908

that I last saw him alive on April 4 1908,

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Diabetes —
— Chronic interstitial
Nephritis (DURATION) 6 Years

Contributory Uraemia (DURATION) 1 week

(Signed) Louis P. Hamburger M. D.

April 5 1908 (Address) 1210 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Hebrew | DATE OF BURIAL: April 6 1908

UNDERTAKER: Hart & Sondheim | ADDRESS: 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

C11084 Registered No. B C11084

1

CERTIFICATE OF DEATH.

(Place of Death.) No. 760 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Philip Schweitzer

{Residence, if in Baltimore, Give Street and Number.} 760 Ramsay St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 5 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER G. H. Schweitzer

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Ellen Formy

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Formy

(Address) 1234 Columbia

Filed 4/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1908

I HEREBY CERTIFY, That I attended deceased from April 4 1908 to April 5 1908 that I last saw h[illegible] alive on April 5 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

General infection

(DURATION) DAYS

Contributory (Primary) Scarlet fever (DURATION) DAYS

(Signed) J. McLemore M.D.

Address 602 N Paca St.

Date April 6 1908

Place of Burial Western Cemetery

Date April 7 1908

Undertaker H. C. Branning

Address 55 E. Appleton St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

June Extended to 10 a.m. April 7 - 8167 - 11 D.T.

Ward 17 C11085 Registered No. B C11085

CERTIFICATE OF DEATH.

117

(Place of Death.) No. 502 N. Fremont St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas L. Sonder

{Residence, if in Baltimore, Give Street and Number.} 502. N. Fremont. St.

Duration of Residence in Baltimore. 52 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: October 15 1843

AGE: 64 years, 5 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Co. Md.

FULL NAME OF FATHER: Godfrey Sonder.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Miller,

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Gardener

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Helen Sonder

(Address) 502 N.Fremont Ave.

Filed 4/6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4" 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1907 to April 4" 1908, that I last saw h[illegible] alive on April 3" 1908 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) 1 DAYS

Contributory (Primary) Carcinoma of Liver. (DURATION) 7 Months

(Signed) Thomas Tebault M.D.

Address 1701 Eutaw Place

Date April 5" 1908

Place of Burial Loudon Park

Date April 7 1908

Undertaker Geo.W.Little.

Address 531 N.Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C11086 Registered No. B C11086

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 538 Union St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Mary Jackson (C)

{ Residence, if in Baltimore, Give Street and Number. } 538 Union St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: Feby. 22nd 1908

AGE: — years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Matthew Blackiston

BIRTHPLACE OF FATHER (State or country): Unk

MAIDEN NAME OF MOTHER: Mary Jackson

BIRTHPLACE OF MOTHER (State or country): Unk

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jackson

(Address) 538 Union St

Filed 4/6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 2nd 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

from birth (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 W. Lag. av. (Comptr.)

Date April 2nd 1908

Place of Burial COLLEGE OF P. & S.

Date APR 4 - 1908 190 .....

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address .....

WM. J. C. DULANY CO., BALTIMORE

NOT ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

9

Ward 9 C11687 Registered No. B C11687

CERTIFICATE OF DEATH.

120

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Miller

{Residence, if in Baltimore, Give Street and Number.} 320 N. Dallas St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/6 1908

HARRY O. ANDREWS
Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 1908

I HEREBY CERTIFY, That I attended deceased from March 6 1908 to April 3 1908

that I last saw h in alive on April 3 1908,

and that death occurred, on the date stated above, at 10 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

Few hours (DURATION) DAYS

Contributory (Primary) Chr. parenchymatous nephritis (DURATION) 4 Yrs. DAYS

(Signed) Conrad Schmitt M.D.

Address St. Joseph's Hosp

Date April 4 1908.

Place of Burial COLLEGE OF P

Date APR 4 - 1908 190

Commissioner Health.

Undertaker WOO

Address

WM. J. C. DULANY CO., Baltimore

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

69

Ward 17 C11088 Registered No. B C11088

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 112 West Cross St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. Wilhelmina Smith

{ Residence, if in Baltimore, Give Street and Number. } 112 West Cross St,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH July 8 1884

AGE 23 years, 9 months, # days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bavaria

FULL NAME OF FATHER John Heusel

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary McKnabel

BIRTHPLACE OF MOTHER (State or country) Germany Europe

OCCUPATION OF DECEASED Home Life

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William V. Smith

(Address) 1801 Pennsylvania ave

Filed 4/6 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to April 4 1908

that I last saw her alive on April 4 1908

and that death occurred, on the date stated above, at 3 45 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. C. Houck M.D.

Address 1914 Edmondson

Date April 7 1908

Place of Burial Woodlawn

Date April 7 1908

Undertaker H. P. Rickert Sons

Address Lanvale & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

11

CERTIFICATE OF DEATH.

CL1089

Registered No. B.....

City of Baltimore, (No. 636 Mosher St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Hagedorn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 9 (Day) 1834 (Year)

AGE: 73 years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Bergler

(Address) 636 Mosher St

Filed 4/5 1908

HARRY C. ANDREWS, Registrar

DEPUTY CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 4 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from For years 190 to time of death that I last saw h[im] alive on Mch 19 1908, and that death occurred, on the date stated above, at 7½ P. M. The CAUSE OF DEATH was as follows:

Organic Disease of Heart (DURATION) abt 6 months

Contributory — (DURATION) DAYS

(Signed) Wm B Ruder M. D.

Apl 5 1908 (Address) 867 Harlem Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Baltimore Cem | DATE OF BURIAL: Apl 7 1908

UNDERTAKER: J. J. Dulany Jr | ADDRESS: Undertaker

WM. J. C. DULANY CO., BALTIMORE.

Ward 10

C11030 Registered No. B C11030

116

CERTIFICATE OF DEATH.

(Place of Death.) No. 70 S. Carrollton Ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Wade

{ Residence, if in Baltimore, Give Street and Number. } 70 S. Carrollton Ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
female	White

DATE OF BIRTH 1

AGE 10 years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Mathew J Wade

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Maggie Indau

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 1210 W. Fairland

Filed 4/6 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 4 1908 that I last saw her alive on April 7 1908, and that death occurred, on the date stated above, at 1 30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) L. E. Beach M.D.

Address 837 N. Fayette St

Date April 5th 1908

Place of Burial St Peters

Date April 7th 1908

Undertaker John B Fields

Address 1210 W. Fairland St

WM. J. C. DULANY CO., BALTIMORE.

Dr. Chas

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C11091 Registered No. B C11091

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. 93

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John E Tighe

{Residence, if in Baltimore, Give Street and Number.} 1239 Jefferson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Dec 19 187

AGE 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Tighe

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Burns

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Thomas B Tighe

(Address) 1239 Jefferson St

Filed 4/6 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1908

I HEREBY CERTIFY, That I attended deceased from March 25 1908 to April 5 1908

that I last saw h alive on April 5 1908

and that death occurred, on the date stated above, at 12 30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) P. M. Clough M.D.

Address Johns Hopkins Hosp

Date April 5 1908

Place of Burial New Cathedral Cem

Date April 7 1908

Undertaker McGinnis-Carroll

Address 1227 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C1092 Registered No. B C1092

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1628 N. Montford av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian M. Arthur

{Residence, if in Baltimore, Give Street and Number.} 1628 N. Montford av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH	July 26 1892
AGE	15 years, 8 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Edward Arthur
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Margaret Steugel
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Arthur

(Address) 1628 N. Montford ave.

Filed 4/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1908

I HEREBY CERTIFY, That I attended deceased from Mch 26 1908 to Apl 4th 1908

that I last saw h[er] alive on April 4th 1908

and that death occurred, on the date stated above, at 5

M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Heart Disease

2 mos (DURATION) ~~DAYS~~

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Wm J Walsh M.D.

Address 2128 St Paul

Date April 5th 1908

Place of Burial Balto. Cemetery

Date April 7. 1908

Undertaker Wm. Cook.

Address 503. E. Northaven

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 — C1093 — Registered No. B C1093

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 1702. Warwick Av. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Virginia R. Bundette.

{Residence, if in Baltimore, Give Street and Number.} 1702 Warwick Av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Nov. 1908

AGE: ... years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Luther Bundette.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Effie Davis

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Luther Bundette.

(Address) 1702 Warwick Av

Filed 4/6 1908

HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1908

I HEREBY CERTIFY, That I attended deceased from April 2 1908 to April 5 1908 that I last saw her alive on April 5 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or immediate.)

Bronchitis & Exhaustion

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. O. Davis M.D.

Address 920 N Carrollton Av

Date April 5 11 1908

Place of Burial Mt Airey Md

Date April 7 1908

Undertaker Woodcock

Address 602 E Monument St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C11094 Registered No. B C11094

CERTIFICATE OF DEATH. 6

(Place of Death.) No. St Vincents Inf and Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mildred Thurnel

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 1

AGE 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address)

Filed 4/6 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1908

I HEREBY CERTIFY, That I attended deceased from Mch 30 1908 to Apr 5 1908 that I last saw h[illegible] alive on Apr 4 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Measles

(DURATION) DAYS

(Signed) E. P. Hayward M.D.

Address 1230 N Cowlings Br

Date 4-5-1908

Place of Burial Westport Cemetery

Date April 6 1908

Undertaker J. E. Ennis & Son

Address 1478 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C11095 Registered No. B C11095

CERTIFICATE OF DEATH. 137

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Mahrer

{ Residence, if in Baltimore, Give Street and Number. } No 1746 N. Gay st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 10 1891

AGE: 16 years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John. C. Lochner

BIRTHPLACE OF FATHER (State or country): Gery

MAIDEN NAME OF MOTHER: Maggie L. Edwards

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John. C. Lochner.

(Address) 946 N. Washington st.

Filed 4/6 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1908

I HEREBY CERTIFY, That I attended deceased from Apl 3 1908 to Apl 4 1908 that I last saw h alive on Apl 4 1908, and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) 3 DAYS

Contributory (Primary.) abortion

(DURATION) 3 DAYS

(Signed) J. J. O'Connor M.D.

Address St Joseph's Hospital

Date April 4 - 1908

Place of Burial Balto Cem'd

Date April 7th 1908

Undertaker E. Sohlosman & Son

Address 1039 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C11096

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C11096

City of Baltimore, (No. 2937 St Paul St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dr Joseph E. Claggett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 5 1830 (Month) (Day) (Year)

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Washington Co Md.

FULL NAME OF FATHER: Dr Jas H Claggett

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eliz Ann Garrott

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr E G Staley

(Address) 1516 Bolton St

Filed 4/6 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 4 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apl Mch 24 1908 to Apl 4 1908 that I last saw h in alive on Apl 4 1908, and that death occurred, on the date stated above, at 11.50 P. M. The CAUSE OF DEATH was as follows:

Oedema of Lungs

6 (DURATION) DAYS

Contributory Cardiac Arterio Sclerosis

..... (DURATION) DAYS

(Signed) Joseph Blum M. D.

Apl 6 1908 (Address) 1816 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: April 7 1908

UNDERTAKER: E M Mitchell

ADDRESS: 1201 N Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C11097

64

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11097

City of Baltimore, (No. 2423 N. Calvert St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eliza Gascoyne

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec (Month) 14 (Day) 1831 (Year)

AGE: 76 years, 3 months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Scotland

FULL NAME OF FATHER: Wm Wilson

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Eliza Richardson

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr W. J. Gascoyne

(Address) 2423 N Calvert St

Filed 4/6 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 5th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1st 1908 to April 5 1908

that I last saw her alive on April 5 1908,

and that death occurred, on the date stated above, at 11-53 a. m. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 4 DAYS

Contributory Senile (DURATION) 1 DAYS

(Signed) W W Faw M. D.

April 5 1908 (Address) 12 E 25th.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Petersburg Va.

DATE OF BURIAL: April 7th 1908

UNDERTAKER: E. W. Mitchell

ADDRESS: 120 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C11038 Registered No. B C11038

157

CERTIFICATE OF DEATH.

(Place of Death.) No. No 1. N. Strieker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anthony Creamer.

{Residence, if in Baltimore, Give Street and Number.} No 1. N. Strieker -

Duration of Residence in Baltimore. 10 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE — years, — months, 10 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Anthony Creamer

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary E. Kenny

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Brauning

(Address) N. 1. N. Strieker St

Filed 4/6 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6. 1908

I HEREBY CERTIFY, That I attended deceased from April 3 1908 to April 6 1908 that I last saw h in alive on 4/5 1908, and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

from Birth

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward H. Gordon M.D.

Address 1403 W Fayette St

Date April 6 1908

Place of Burial St Peters Cemetery

Date April 7 1908

Undertaker H. C. Brauning

Address S.S. Poplin St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — C11099 — Registered No. B C11099

83

CERTIFICATE OF DEATH.

(Place of Death.) No. 609 N. Eden St. (If Death occurred in Hospital or institution, give its Name Instead of Street and Number)

Full Name Gladys M. Washington

{ Residence, if in Baltimore, Give Street and Number. } 609 N. Eden St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 9 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George Washington

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Gladis Taylor

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Gladis Washington

(Address) 609 N Eden St

Filed 4/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 — 1908

I HEREBY CERTIFY, That I attended deceased from Oct 2 — 1908 to April 4 — 1908

that I last saw her alive on April 4 — 1908,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

General Dropsy

about 6 wks
(DURATION) DAYS

Contributory (Primary) Tuberculous peritonitis

Lower Lungs (DURATION) 6 mos. DAYS

(Signed) W. F. Harris M.D.

Address 1344 Druid Hill Ave

Date April 6 — 1908

Place of Burial Laurel

Date April 6th — 1908

Undertaker R. F. Eddicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W. 6. C11100 Registered No. B C11100

CERTIFICATE OF DEATH.

9v

(Place of Death.) No. Bayview City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Augusta J Morgan Palmer (Palmer)

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W -

DATE OF BIRTH Apr. 4 1908

AGE ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Morgan Palmer

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr - 6 1908

I HEREBY CERTIFY, That I attended deceased from Apr 4 1908 to Apr 6 1908

that I last saw h.. alive on " 6 1908

and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) H. H. Eske M.D.

Address City Hospital

Date Apr 6 1908

COLLEGE OF P. & S.

Place of Burial .....

APR 6 - 1908

Date 190

Commissioner Health,

Undertaker .....

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — C11101 — Registered No. B C11101

93

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Anderson

{Residence, if in Baltimore, Give Street and Number.} Easton Md - no local address

?

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): England

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/6 1908

Registrar HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 4 1908

that I last saw h alive on April 4 1908

and that death occurred, on the date stated above, at 8.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date April 6 1908

Place of Burial COLLEGE OF P. & S

Date APR 6 - 1908 1908

Undertaker Commissioner Health.

Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

50

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C1102 Registered No. B C1102

CERTIFICATE OF DEATH. 142

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Pennell

{Residence, if in Baltimore, Give Street and Number.} Home de Grace.

Duration of Residence in Baltimore. 7 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Lab —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/6 1908

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 3 — 1908

I HEREBY CERTIFY, That I attended deceased from March 26 1908 to April 3 1908

that I last saw h— alive on April 3 1908

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia 1 week.
Pulmonary Edema

(DURATION) — DAYS

Con'ributory (Primary.) Epilepsy

(DURATION) DAYS

(Signed) H. M. Baker M.D.

Address Balto City Hosp.

Date April 3 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 6 - 1908 190

Undertaker Commissioner Health,

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

7 6

Ward 11

Registered No. B C11103

C11103

CERTIFICATE OF DEATH.

150c

(Place of Death.) No. Fund on steps at 5 N. Chase St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown infant

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: 1

AGE: — years, — months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Female

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. S. Hayden

(Address) 1266 N. Caroline St

Filed 4/6 1906

HARRY O'ANDREWS
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. Apr. 3 1908

I HEREBY CERTIFY, That I attended deceased from Condition 190 to Cause 190

that I last saw h— alive on — 190—

and that death occurred, on the date stated above, at —

11. CAUSE OF DEATH (Secondary or Immediate)

Immutition

Starvation from

Rene malformation

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) B. S. Hayden M.D.

Address 1266 N. Caroline St

Date Apr. 4 1908

JOHNS HOPKINS HOSPITAL

Place of Burial

Date APR 6 - 1908 190

Undertaker Commissioner Health,
Per Wm. S. WOODALL

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 25 C11104 Registered No. B C11104

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1612 Elizabeth Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Gerhart

{Residence, if in Baltimore, Give Street and Number.} 1612 Elizabeth Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr 4 1908

AGE — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Louis Gerhart

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie Stumpf

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Margaret Stumpf

(Address) 1612 Elizabeth Lane

Filed 4/6 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1908

I HEREBY CERTIFY, That I attended deceased from Apr 5 1908 to 1908

that I last saw h[illegible] alive on Apr 5 1908

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Asthma (DURATION) 1 DAYS

Con'tributory (Primary.) Incomplete development of head (DURATION) 1 DAYS

(Signed) Paul Leitz M.D.

Address 1409 Light St

Date April 6 1908

Place of Burial Cedar Hill

Date April 6 1908

Undertaker E Hearle

Address 115 E Mead St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. C11105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11105

City of Baltimore, (No. 1124, Forrest St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francisco. Kuhn

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH (Month, Day, Year)	March 13th 1887 ~~1886~~
AGE	21 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Hungary
FULL NAME OF FATHER	George Kreisz
BIRTHPLACE OF FATHER (State or country)	Hungary
MAIDEN NAME OF MOTHER	Kukuruss
BIRTHPLACE OF MOTHER (State or country)	Hungary
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Kuhn

(Address) 1124 Forrest St

Filed 4/6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 27th 1908 to April 5th 1908 that I last saw h[er] alive on April 5th 1908, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

(DURATION) 6 mos DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Emmie N. Byrne M. D.

April 6 1908 (Address) 1223 S. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross a a Co	April 7 1908
UNDERTAKER	ADDRESS
E Hark.	115 E West St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C11106 Registered No. B C11106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1030 Homewood Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jos. M Rauh

{ Residence, if in Baltimore, Give Street and Number. } 1030 Homewood Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Nov 10 1907

AGE 2 years, 4 months, 26 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jos A Rauh

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Margt Garin

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1030 Homewood Ave

Filed 4/6 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

Dr Boyle

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 5th 1908

I HEREBY CERTIFY, That I attended deceased from Mar 30th 1908 to Apr 5th 1908

that I last saw him alive on the 5th 1908

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Capillary Bronchitis

(DURATION) 8 DAYS

Con'ributory (Primary.) Cold

(DURATION) DAYS

(Signed) Jno. Bowie Boyle M.D.

Address 104 E. Madison St.

Date April 6th 1908

Place of Burial Cathedral

Date April 7. 1908

Undertaker H. C. Niedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C11107 Registered No. B C11107

CERTIFICATE OF DEATH.

28

(Place of Death.) No. 1009 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dorothy Crowe

{Residence, if in Baltimore, Give Street and Number.} 1009 Greenmount Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 11 1904

AGE 3 years, 11 months, 24 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm H. Crowe

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Dorothy Pritt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1009 Greenmt, Ave

Filed 4/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Dr M.C.C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1908

I HEREBY CERTIFY, That I attended deceased from Mar 24 1908 to April 5 1908

that I last saw h Dr alive on April 5 1908

and that death occurred, on the date stated above, at 5.00 a. M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Meningitis

(DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Bernard Wos M.D.

Address 825 E Chase St

Date April 6 1908

Place of Burial St. Mary's, Govans

Date April 7 1908

Undertaker W. C. Hirschfeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C11108 Registered No. B C11108

CERTIFICATE OF DEATH.

(Place of Death.) No. 907 Valley St. St. (If Death occurred in Hospital or In[illegible]n, give its Name instead of Street and Number.)

Full Name James T. Hagerty

{ Residence, if in Baltimore, Give Street and Number. } 907 Valley St

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 17. 1891

AGE: 16 years, 10 months, 18 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Patrick Hagerty

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Kelly

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother

(Address) 907 Valley St.

Filed 4/6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1908

I HEREBY CERTIFY That I attended deceased from March 29th 1908 to April 4th 1908 that I last saw him alive on March 29th 1908, and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Phthisis Pulmonalis

(DURATION) DAYS

(Signed) Geo. B. Reynolds M.D.

Address 809 N. Charles St.

Date April 6th 1908

Place of Burial Cathedral

Date April 7. 1908

Undertaker F. C. Hirdfield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7K C11109 Registered No. B C11109

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1420 Bell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary J. Hayward

{ Residence, if in Baltimore, Give Street and Number. } 1420 Bell St

Duration of Residence in Baltimore. 3 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 24 1859

AGE 48 years, 5 mon'ts, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Dorchester Co Md

FULL NAME OF FATHER Dean Kimmey

BIRTHPLACE OF FATHER (State or country) Dorchester Co Md

MAIDEN NAME OF MOTHER Elizabeth Brady

BIRTHPLACE OF MOTHER (State or country) Dorchester Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph N Hayward (Husband)

(Address) 1420 Bell St

Filed 4/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 12.15

..... M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Con ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date April 5 1908

Place of Burial Cambridge Md.

Date Apr 7 1908

Undertaker John J. Fahey & Son

Address 1232 Wilkens

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

C11110

Registered No. B

City of Baltimore, (No. 324 N. Stricker St.; 19th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick William Lantz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 10 (Day) 1855 (Year)

AGE: 52 years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: J. G. Lantz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary M. E. Rieger

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) M. Elizabeth Lantz

(Address) 324 N. Stricker St

Filed 4/6 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (4) 4 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan'y 1 1908 to Apr. 3 1908

that I last saw h[illegible] alive on Apr 1 1908,

and that death occurred, on the date stated above, at 1.20 A. M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

(DURATION) 1 Yrs 3 Mos DAYS

Contributory Pulmonary tuberculosis

(DURATION) DAYS

(Signed) J. H. Cannon M. D.

Apr 4 1908 (Address) 401 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: April 7 1908

UNDERTAKER: Jos B Cook — ADDRESS: 103 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — C11111 — Registered No. B C11111

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 500 N Milton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosetta B. Hebner

{ Residence, if in Baltimore, Give Street and Number. } 500 N Milton Ave.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 22nd 1839

AGE 69 years, — months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Christian Thamert

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Hebner

(Address) 500 N. Milton Ave.

Filed 4/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 30. 1908 to April 4. 1908 that I last saw her alive on April 4. 1908, and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexia cerea

(DURATION) 2 DAYS

Contributory (Primary) Nasal Catarrh. Neuralgia

(DURATION) 6 months

(Signed) J. J. Siebold M.D.

Address 1001 Eutaw St

Date April 6. 1908

Place of Burial Mt. Olivet Cemetery

Date April 7th 1908

Undertaker H. Lauder Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C11112 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 904 Pabarg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Savage

{Residence, if in Baltimore, Give Street and Number.} 904 Pabarg St

Duration of Residence in Baltimore. 46-46

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: mulatto

DATE OF BIRTH: Dont Know 1

AGE: 61 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Stepney

(Address) 904 Pabarg st

Filed 4/6 1908

HARRY C. ANDREAS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1908

I HEREBY CERTIFY, That I attended deceased from Apr 3rd 1908 to Apr 4th 1908 that I last saw h e alive on Apr 4th 1908 and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Collapse

(DURATION) 1 DAYS

Con'tributory (Primary) Pneumonia

(DURATION) 2 DAYS

(Signed) [illegible] M.D.

Address 1103 E. Belvidere st

Date Apr 4th 1908

Place of Burial Mt. Auburn

Date April 7 1908

Undertaker R. A. Ellicott

Address 504 Rugers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11

C11113

Registered No. B C11113

164

CERTIFICATE OF DEATH.

(Place of Death.) No. The Preston Apartments Guilford ave & Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Baldwin

{Residence, if in Baltimore, Give Street and Number.} The Preston Apartment House

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 24th 1821

AGE: 87 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Pearson Baldwin

BIRTHPLACE OF FATHER (State or country): Connecticut

MAIDEN NAME OF MOTHER: Aldridge

BIRTHPLACE OF MOTHER (State or country): Nantucket

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W H Collins

(Address) Savings Bank of Balto

Filed 4/6 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4th 1908

I HEREBY CERTIFY, That I attended deceased from March 26th 1908 to April 4th 1908

that I last saw h~~im~~ alive on April 4th 1908,

and that death occurred, on the date stated above, at 9-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Fracture ~~of~~ Left Femur

(DURATION) 9 DAYS

Contributory (Primary.) Age.

(DURATION) ..... DAYS

(Signed) C B Gambrill M.D.

Address 209 N Biddle St

Date April 4th 1908

Place of Burial Greenmount

Date April 7th 1908

Undertaker Henry H. Jenkins Sons Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C11114 Registered No. B C11114

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 833, 2d Ave. Hamsden St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edgar J. France

{ Residence, if in Baltimore, Give Street and Number. } 833, 2d Ave. Balt.

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 5th 1891

AGE 14 years, 2 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Phila. Pa.

FULL NAME OF FATHER Adam J. France

BIRTHPLACE OF FATHER (State or country) Phila. Pa.

MAIDEN NAME OF MOTHER Maria L. Rockdale

BIRTHPLACE OF MOTHER (State or country) Balt. Co. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam J. France

(Address) 833 Second Ave

Filed 4/6 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 5th 1908

I HEREBY CERTIFY, That I attended deceased from Mar 16th 1908 to Apr 5th 1908 that I last saw him alive on Apr 5th 1908, and that death occurred, on the date stated above, at 10.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 20 DAYS

Contributory (Primary.) Cerebro. spinal Meningitis (DURATION) 20 DAYS

(Signed) Geo. I. Thower M.D.

Address 421 Roland Ave

Date Apr 6th 1908

Place of Burial Methodist Episcopal Cemetery Westminster Town, Balto Co. Md

Date April 8 1908

Undertaker Horace Burgess

Address 3621 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C11115

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

19

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C11115

Registered No. B.....

City of Baltimore, (No. 3829 Roland Ave.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clarissa Ricks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. (Month) 23 (Day), 1844 (Year)

AGE: 64 years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John H. Ricks

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sarah Ann Shipley

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse H. Webb

(Address) 3829 Roland Ave.

Filed 4/6 190 8 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 5 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 31 1908 to April 5 1908 that I last saw h[er] alive on April 4 1908, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Hyp[ostatic] Pneumonia

(DURATION) 2 DAYS

Contributory Valvular Heart disease (DURATION) [illegible]

(Signed) Harry C. Blyth M. D.

April 6 1908 (Address) 340 Roland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mayo Cemetery Hampden — DATE OF BURIAL: Apr. 7 1908

UNDERTAKER: Horace Burge — ADDRESS: 2631 Falls Road

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 C11116 Registered No. B C11116

CERTIFICATE OF DEATH. 92

(Place of Death.) No. 904 Plum al St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Marie Cook

{ Residence, if in Baltimore, Give Street and Number. } 904 Plum al

Duration of Residence in Baltimore. 5 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH May 26 1902

AGE 5 years, 10 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Calvert Co Md

FULL NAME OF FATHER Danl Cook 6

BIRTHPLACE OF FATHER (State or country) Calvert Co Md

MAIDEN NAME OF MOTHER Mamie Golden 6

BIRTHPLACE OF MOTHER (State or country) Calvert Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Cook 6 (mother)

(Address) 904 Plum al

Filed 4/6 190 8 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw ... alive on ... 190 ...

and that death occurred, on the date stated above, at 3p

M. CAUSE OF DEATH (Secondary or Immediate.

Bronchopneumonia

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... D...

(Signed) C. W. Leonhardt M.D.

Coroner

Address ...

Date April 6 1908

Place of Burial Mt Auburn Cem

Date April 7th 1908

Undertaker D. L. Bromwell Son

Address 108 W. Monty st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C11117 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 222 W Lee St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Florence Cripps

{ Residence, if in Baltimore, Give Street and Number. } 222 W Lee St..

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 37 years, months, days

~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ Single

BIRTHPLACE (State or country): Worchester Co. Md

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M-Lewis Curtis

(Address) 222 W. Lee St.

Filed 4/6 1908 HARRY O. ANDREWS PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1908

I HEREBY CERTIFY, That I attended deceased from Feb 19 1908 to April 4 1908 that I last saw h.. alive on April 2 1908 and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate

Phthisis (General)

(DURATION) 131 D.

Contributory (Primary.) Phthisis.

(DURATION) DAY

(Signed) H.S.M. Leard M.D.

Address 136 W Hill

Date April 4 1908

Place of Burial Pocomoke City Worcester Co Md

Date April 6th 1908

Undertaker S. L. Brown and Son

Address 108 W Montgomery

Embalmed at Pocomoke per md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C11118 Registered No. B C11118

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 12 N. Milton Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John S. Duke

{ Residence, if in Baltimore, Give Street and Number. } 12 N. Milton Ave.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH January 25th 1908

AGE ____ years, 2 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ____

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Fredk R. Duke

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Bertha Schmeisser

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredk R. Duke

(Address) 12 N. Milton Ave

Filed 4/6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1908

I HEREBY CERTIFY, That I attended deceased from March 30 1908 to April 5 1908

that I last saw him alive on April 4 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

10 days (DURATION) DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) H. L. Grimm M.D.

Address 731 E. Pratt

Date April 6 1908

Place of Burial Mount Carmel Cemetery

Date April 7 1908

Undertaker Louis Heumann

Address 92 S Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C1119 Registered No. B 29

CERTIFICATE OF DEATH.

(Place of Death.) No. 1521 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary F Benay

{ Residence, if in Baltimore, Give Street and Number. } 1521 E. Chase St

Duration of Residence in Baltimore. 10 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 31st 1863

AGE 44 years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Daniel Branch

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mary Shughsaw

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Midwife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Benay

(Address) 1521 E Chase St.

Filed 4/7 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1908

I HEREBY CERTIFY, That I attended deceased from March 21 1908 to April 6 1908 that I last saw her alive on April 5 1908, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Peronitis

(DURATION) 15 DAYS

Contributory (Primary.) Abortion

(DURATION) DAYS

(Signed) Geo Young M.D.

Address 1735 N Broadway

Date April 6 1908

Place of Burial Culpeper Va

Date April 7th 1908

Undertaker Chas. F. Evans

Address 118 N. Mt. Royal ave

WM. J. C. DULANY CO., BALTIMORE.

over

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C11120 Registered No. B C11120

CERTIFICATE OF DEATH.

29

(Place of Death.) No 517 Little Green St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katie Clash

{Residence, if in Baltimore, Give Street and Number.} 517 Little Green St

Duration of Residence in Baltimore. V

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH 1

AGE 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER William Wright

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Ella Ball

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nena Butler

(Address) 517 Little Green St

Filed 4/7 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 5 1908

I HEREBY CERTIFY, That I attended deceased from Mar 30 1908 to Apr 5 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis peritonitis

Several Mos (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) W J Martin M.D.

Address 605

Date Apr 6 1908

Place of Burial Laurel Cemetery

Date April 7 1908

Undertaker Wes H Hooper

Address 609 Little Pacca St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C11121 — Registered No. B C11121

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha Wells

{Residence, if in Baltimore, Give Street and Number.} 917 Druid Hill ave

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " " " "

MAIDEN NAME OF MOTHER: " " " "

BIRTHPLACE OF MOTHER (State or country): " " " "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Wells

(Address) 917 Druid Hill ave.

Filed 4/7 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 5, 1908

I HEREBY CERTIFY, That I attended deceased from Apr 3 1908 to Apr 5 1908

that I last saw h alive on Apr 5 1908

and that death occurred, on the date stated above, at 9.30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) DAYS

Con'ributory (Primary.) Pneumonia

(DURATION) 4 DAYS

(Signed) W. W. Bonn M.D.

Address Md. Gen. Hosp.

Date Apr 5, 1908

Place of Burial Mt Auburn Cemetery

Date April 8 1908

Undertaker Felix B. Pye

Address 162 E Mulberry St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 011122

011122

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 236 N. McPherson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Ray

{ Residence, if in Baltimore, Give Street and Number. } 236 N. Parish

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " " " "

MAIDEN NAME OF MOTHER: " " " "

BIRTHPLACE OF MOTHER (State or country): " " " "

OCCUPATION OF DECEASED: Teamster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Molly James

(Address) 238 Parrish Alley

Filed 4/7 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1230 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

(DURATION) 90 DAYS

Contributory (Primary) Cold

(DURATION) DAYS

(Signed) Thos. Dove M.D.
Coroners Asst

Address

Date 190

Place of Burial Mt Auburn Cemetery

Date April 7 1908

Undertaker Felix B. Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C11123 Registered No. B [illegible] 7

CERTIFICATE OF DEATH. C11123

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Habnicht

{Residence, if in Baltimore, Give Street and Number.} 2238 E. Chase st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: Sept 7 1870

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Charles Habnicht

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Catharine Cork

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Shoe Store worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday,

(Address) BAY VIEW ASYLUM.

Filed 4/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 7 1907 to April 6 1908 that I last saw h[illegible] alive on April 6 1908, and that death occurred, on the date stated above, at 5.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) ... DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) ... DAYS

(Signed) Robt P Bay — M.D.

Address Bay View

Date April 6. 1908

Place of Burial St. Peters

Date April 8 1906

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C11124

Registered No. B C11124

67

CERTIFICATE OF DEATH.

(Place of Death.) No. 1718 Alicianna St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rozalia Literska

{ Residence, if in Baltimore, Give Street and Number. } 1718 Alicianna.

Duration of Residence in Baltimore. 29 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 13 1860

AGE 48 years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER Joseph Broskowski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Cialia Pierchocka

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antoni Literski

(Address) 1718 Alicianna St

Filed 4/7 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6 April 1908

I HEREBY CERTIFY, That I attended deceased from 17 March 1908 to 5 April 1908

that I last saw h e l alive on 5 April 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Melancholia and General paralysis of insane.

Two years (DURATION) DAYS

Con tributory (Primary) (DURATION) DAYS

(Signed) D. Joseph Abromaitis M.D.

Address 518 S. Broadway

Date 6 April 1908

Place of Burial St Stanislaus

Date April 9 1908

Undertaker Joseph Zborowski

Address 1703 Alicianna St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C11125 Registered No. B C11125

CERTIFICATE OF DEATH. 104

(Place of Death.) No. 1916 Bank St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frank Dombeck

{Residence, if in Baltimore, Give Street and Number.} 1916 Bank

Duration of Residence in Baltimore. 19 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Dec 8 1851

AGE 56 years, 4 months, 18 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER Ignaz Dombeck

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Agnes Nowak

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Dombeck

(Address) 1916 Bank St

Filed 4/7 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 5 1908 that I last saw h alive on April 5 1908, and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate)

acute indigestion

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Valentine M.D.

Address 161 Broadway

Date April 6 1908

Place of Burial St Stanislaus

Date April 8 1908

Undertaker Joseph Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 25 — C11126 — Registered No. B C11126

CERTIFICATE OF DEATH.

(Place of Death.) No. 160 West — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James H. Toph

{Residence, if in Baltimore, Give Street and Number.} 160 W. West St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: July 6th 1886

AGE: 21 years, 8 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: James E. Toph

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Garhardt

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Glass blower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Toph

(Address) 160 W. West st

Filed 4/7 1908

HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to April 5 1908 that I last saw h[er] alive on April 5 1908 and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pulmonary Phthisis

3 month (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. H. Hammond M.D.

Address 835 Lex 10

Date April 6th 1908

Place of Burial Cedar Hill Cem

Date April 8th 1908

Undertaker E. Schloman & Son

Address 1039 Hanover st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C11127 Registered No. B C11127

CERTIFICATE OF DEATH.

(Place of Death.) No. 1743 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fletcher B. Cassell

{Residence, if in Baltimore, Give Street and Number.} 1743 Hanover St.

Duration of Residence in Baltimore. 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 5" 1908
AGE	59 years, 1 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Joseph Cassell
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Cassell

(Address) 1743 Hanover St.

Filed 4/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5" 1908

I HEREBY CERTIFY, That I attended deceased from Mar 29 1908 to April 5 1908 that I last saw h~~im~~ alive on April 5 1908, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 7 DAYS

Contributory (Primary) Chronic Interstitial Nephritis (DURATION) DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date April 6 1908

Place of Burial Arondale Cemetery Md

Date April 8th 1908

Undertaker E. Schloman & Son

Address 1039 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C11128 Registered No. B C11128

74

CERTIFICATE OF DEATH.

(Place of Death.) No. 828 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Linton Mares

{Residence, if in Baltimore, Give Street and Number.} 828 N Chapel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 1 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Mares

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Marie Stranicka

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Mares

(Address) 828 N Chapel St

Filed 4/7 1908 TERRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1908

I HEREBY CERTIFY, That I attended deceased from March 4, 1908 to April 4 1908

that I last saw h. alive on 1908

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hydrocephalus
4 Weeks

(DURATION) DAYS

Contributory (Primary.)
Cardiac Paralysis (DURATION) 7 DAYS

(Signed) W. J. Brosnek M.D.

Address 2415 Ashland Ave

Date April 5 — 1908

Place of Burial Oak Hill

Date April 7 1908

Undertaker Grant Grach

Address 1904 Eastlard Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — C11129 — Registered No. B C11129

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 East Biddle St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin Crockett Barroll

{Residence, if in Baltimore, Give Street and Number.} 16 East Biddle St

Duration of Residence in Baltimore. 88 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 16th 1819

AGE 88 years, 9 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER James Barroll

BIRTHPLACE OF FATHER (State or country) Maryland,

MAIDEN NAME OF MOTHER Mary Crockett

BIRTHPLACE OF MOTHER (State or country) Maryland,

OCCUPATION OF DECEASED Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. B. Barroll

(Address) Boston, Mass.

Filed 4/7 1908 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 5 1908 that I last saw him alive on April 5 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (Lobar)

(DURATION) 2 DAYS

Contributory (Primary.) old age

Bronchitis (DURATION) 2 DAYS

(Signed) Jas. H. Cunningham M.D.

Address 1730 N. Charles St.

Date April 6 1908

Place of Burial Greenmount

Date April 7th 1908

Undertaker Howenstein Bro Co

Address Bro Co Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 C11130 Registered No. B C11130

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1118 Mosher St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alphonsus J Dubrug

{Residence, if in Baltimore, Give Street and Number.} 1118 Mosher St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 2 1866

AGE 41 years, 8 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Gerhard B H Dubrug

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Kroeger

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry L Dubrug

(Address) 1118 Mosher St

Filed 4/7 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1908

I HEREBY CERTIFY, That I attended deceased from Feby 28 1908 to Apl 6 1908

that I last saw him alive on April 5 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Extreme exhaustion
& Heart failure

(DURATION) 3 DAYS

Con'tributory (Primary.) Tuberculosis

Lungs (DURATION) 5 DAYS

(Signed) C P Davis M.D.

Address 923 N Carroll St

Date April 6th 1908

Place of Burial New Cathedral

Date April 9th 1908

Undertaker A Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C11131 Registered No. B C11131

CERTIFICATE OF DEATH.

14+

(Place of Death.) No. St. Vincents Inf. and Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mildred Marie Mason

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1907

AGE ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 4/7 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to Apr 4 1908

that I last saw h alive on March 31 1908,

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

as sequence of Jaw

(DURATION) 1 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. T. Hayward M.D.

Address 1230 N. Eutaw

Date 4-4- 1908

Place of Burial New Cathedral

Date April 7th 1908

Undertaker Martin Fahey and Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C11132 Registered No. B C11132

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Catherine Lane

{ Residence, if in Baltimore, Give Street and Number. } 1st Vincent Prof- Asy

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH March 13 1908

AGE ..... years, ... months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address)

Filed 4/7 190 8

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 4, 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to Apr 4 190 8

that I last saw h alive on Apr 3 190 8

and that death occurred, on the date stated above, at 11 (P) M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. T. Hayman M.D.

Address 1232 N Carolina St

Date 4-4- 190 8

Place of Burial New Cathedral

Date April 7th 190 8

Undertaker Martin Fisher and Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C11133 Registered No. B C11133

CERTIFICATE OF DEATH. 179

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Boniface Wallace

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Inf. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH January 1908

AGE ..... years, 3 months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant St. Vincent Inf. Asy.

(Address)

Filed

..... 190 ..... HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 4, 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to Apr 4 1908

that I last saw h[illegible] alive on Apr 3 1908

and that death occurred, on the date stated above, at [illegible] a. m. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) E. T. Hayward M.D.

Address 1230 N Eutaw

Date 4 — 4 — 1908

Place of Burial New Cathedral

Date April 7th 1908

Undertaker Martin Drahey and Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C11134 Registered No. B C11134

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 317 Woodyear St St. (If Death occurred in Hospital or Institution, give its Name instead of ~~Street~~ and Number)

Full Name August Maier

{Residence, if in Baltimore, Give Street and Number.} 317 Woodyear St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1.....

AGE 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Jacob Maier

BIRTHPLACE OF FATHER (State or country) Germany Emp.

MAIDEN NAME OF MOTHER Margaret Amschler

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Decker.

(Address) 317 Woodyear St

Filed 4/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1908

I HEREBY CERTIFY, That I attended deceased from Oct 10 1907 to April 6 1908 that I last saw him alive on April 6 1908, and that death occurred, on the date stated above, at 5 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H C Houck M.D.

Address 1914 Bank St

Date April 6 1908

Place of Burial ~~Baltimore~~ Western Cem

Date Apr 8/08 1908

Undertaker Wilcox

Address 822 E. Baltimore

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C11135 Registered No. B C11135

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 6 Exeter Hall corr Montebello Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo W. Stravinski

{Residence, if in Baltimore, Give Street and Number.} Exeter Hall cor Montebello Av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 4 1908

AGE: ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Geo W. Stravinski

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Julia Harper

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Stravinski

(Address 2713 York Road.

Filed 4/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 6 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 4 1908 to Apr. 6 1908

that I last saw h— alive on Apr. 6 1908,

and that death occurred, on the date stated above, at 2 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Congenital debility

(DURATION) 2 DAYS

(Signed) Wm. J. Kuhn M.D.

Address 428 Fonerden Ave

Date Apr. 6 1908

Place of Burial Baltimore Cem

Date Apr. 7 1908

Undertaker William Cook

Address 926 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C11136

C11136

CERTIFICATE OF DEATH.

(Place of Death.) No. 1024 N. Castle St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elsie Appel

{Residence, if in Baltimore, Give Street and Number.} 1024 N. Castle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH April 30th 1886

AGE 21 years, 11 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Edward Appel

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Laura Walters

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Packer Pills

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw Appel

(Address) 1024 N. Castle St

Filed 4/7 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 26th 1908 to April 5th 1908

that I last saw h[illegible] alive on April 5th 1908,

and that death occurred, on the date stated above, at 3.35 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 2 DAYS

Contributory (Primary) Ch. Par. 6 mo. DAYS

Nephritis (DURATION)

(Signed) D. G. Lytle M.D.

Address 2204 E. Monument St

Date 4/5 1908

Place of Burial Oak Lawn Cemetery

Date April 8th 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C11137 Registered No. B C11137

CERTIFICATE OF DEATH. 78

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Anderson.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.	COLOR: White
DATE OF BIRTH: 1	
AGE: 76 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: John Anderson	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Dent Crook	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Blacksmith	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Lamar Holliday, Supt

(Address) BAY VIEW ASYLUM.

Filed

190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 26 1907 to April 6 1908 that I last saw h alive on April 6 1908, and that death occurred, on the date stated above, at 3 00 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Endo-carditis

(DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date April 6. 1908

Place of Burial Mt Pleasant

Date April 9th 1908

Undertaker John J Fields

Address 1200 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C11138 Registered No. B

CERTIFICATE OF DEATH. 79

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Fred Turut

{Residence, if in Baltimore, Give Street and Number.} 2330 Jefferson st

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: May 13 1861

AGE: 46 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M —

BIRTHPLACE (State or country): Md —

FULL NAME OF FATHER: Ferdenand Turut

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Jennie Kasper

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dorothea K. Turut

(Address) 2330 Jefferson st

Filed 4/7 1908

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 — 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 6 1908

that I last saw h— alive on April 6 1908

and that death occurred, on the date stated above, at 12 30 M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease —

(DURATION) — DAYS

Contributory (Primary) Exhaustion

Haemorrhage (DURATION) DAYS

(Signed) W. H. Cahn — M.D.

Address Balto City Hospital

Date April 6 — 1908

Place of Burial London Park Cemetery

Date Apr 9 1908

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17

C11139 Registered No. B C11139

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 500 N Pulton St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Wm. H. Carter

{Residence, if in Baltimore, Give Street and Number.} 500 N Pulton st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: William H Carter

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Franklin

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Carter.

(Address) 500 N. Preston

Filed 4/7 1908

Permit Clerk.

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1908

I HEREBY CERTIFY, That I attended deceased from ....1908.... to ....1908....

that I last saw h.... alive on ....1908....

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 30 DAYS

Con'tributory (Primary.) Colon & ep—

pneume (DURATION) DAYS

(Signed) Dicus Barcdoin M.D.

Address 700 Log. av. (Corner)

Date April 7th 1908

Place of Burial Mt Auburn Cemetery

Date April 8th 1908

Undertaker Elijah Pope.

Address 1026 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C11140 Registered No. B C11140

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 757 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothy Cooper

{ Residence, if in Baltimore, Give Street and Number. } 757 Vine St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH August 1907

AGE ..... years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Griffin T Fore.

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Francis Cooper

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED X

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Cooper

(Address) 757 Vine St.

Filed 4/7 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1908

I HEREBY CERTIFY, That I attended deceased from April 3 1908 to April 6th 1908

that I last saw her alive on April 6 1908,

and that death occurred, on the date stated above, at 8.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 7 DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) F. C. Link M.D.

Address 1313 W North Ave

Date April 7th 1908

Place of Burial Mt Auburn Cemetery

Date April 8th 1908

Undertaker Felix B Pye

Address 102 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 13 C11141 Registered No. B

CERTIFICATE OF DEATH. C11141

(Place of Death.) No. 159 Falls Road. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adalade A Kavanaugh

{Residence, if in Baltimore, Give Street and Number.} 159 Falls Road.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH April 9th 1863

AGE 44 years, 11 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Larkin Quinn

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Mary E. Barry

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael H. Kavanaugh

(Address) 159 Falls Road.

Filed 4/7 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 23 1908 to April 5 1908 that I last saw h-e alive on April 5 1908, and that death occurred, on the date stated above, at 3.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

Several years (DURATION) ~~DAYS~~

Contributory (Primary.) Pneumonia

Asthenia (DURATION) DAYS

(Signed) Roscoe Steiner M.D.

Address 211-A. 25 St.

Date April 6th 1908

Place of Burial Holy Cross ✓

Date April 8th 1908

Undertaker A F Rhelbin

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C11142 — Registered No. B C11142

54

CERTIFICATE OF DEATH.

(Place of Death.) No. 1510. E. Balto. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leon Cohen

{Residence, if in Baltimore, Give Street and Number.} 1510. E. Balto. St

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH 1

AGE about 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jacob Cohen

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Bessie Nachlass

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Cohen

(Address) 1510 E. Balto. St.

Filed 4/7 1908 — REGISTRY OF ANDRESS PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 7 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to Apr. 7 1908 that I last saw him alive on Apr. 6 1908, and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Anaemia

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Flinder M.D.

Address 1119. E. Balto. St

Date Apr 7. 1908

Place of Burial Hebrew Woodlawn Cemet

Date April 9 7, 1908

Undertaker Max Levinson

Address 620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C1143 Registered No. B C1143

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Younger

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sig

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/7 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April. 6 1908

I HEREBY CERTIFY, That I attended deceased from March 30 1908 to April. 6 1908

that I last saw him alive on April 1 1908,

and that death occurred, on the date stated above, at 9.30 M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

.....

.....

.....

..... (DURATION) ..... DAYS

Contributory (Primary.) Nephritis

..... (DURATION) ..... DAYS

(Signed) Robt C Bay M.D.

Address Bay View

Date April. 6 1908

Place of Burial Mt Carmel

Date April 8 1908

Undertaker Chas F Evans

Address 118 W Mt Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C11144 — Registered No. B C11144

CERTIFICATE OF DEATH.

(Place of Death.) No. 1933 Wilhelm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Temple

{Residence, if in Baltimore, Give Street and Number.} 1933 Wilhelm

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 6 April 1908

AGE: ..... years, ... months, half hours

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Wilmer Leslie Temple

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Blanch Chandler

BIRTHPLACE OF MOTHER (State or country): Balto city

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilmer L Temple

(Address) 1933 Wilhelm Ave

Filed 4/7 1908

[illegible] O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4-6 1908

I HEREBY CERTIFY, That I attended deceased from April 6 1908 to April 6 1908 that I last saw h[illegible] alive on April 6 1908 and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Walter A Cot M.D.

Address 543 Fulton Ave

Date April 7. 1908

Place of Burial Mt. Olivet Cemetery

Date April 9th. 1908

Undertaker Nicholas L Dink

Address 213 W. Pratt st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 V

C11145

Registered No. B C11145

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 129 W. Barre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Flannery

{ Residence, if in Baltimore, Give Street and Number. } 129 W. Barre St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH — — — — — 1838

AGE 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Peter Flannery

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Slavin

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Retired Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael F. Flannery

(Address) 2827 W. North ave

Filed 4/7 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1st April 5th 1908

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to apr 5th 1908

that I last saw him alive on apr 4th 1908,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis and Complications

Last illness (DURATION) 11 DAYS

Contributory (Primary.) Has been failing one year (DURATION) DAYS

(Signed) E. F. Michaelsen M.D.

Address 115 N Franklin

Date 7th Apr 1908

Place of Burial New Cathedral

Date April 8 190

Undertaker F A Krause Bro

Address 703 Hanover St

WM. J. C. DULANY CO., Baltimore.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C11146 Registered No. B .....

CERTIFICATE OF DEATH.

C11146

(Place of Death.) No. Insane Dept. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Townsend

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. Carolina

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Farm Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt.

(Address) BAY VIEW ASYLUM

Filed 4/7 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1908

I HEREBY CERTIFY, That I attended deceased from Aug 7, 1907 1907 to April 6 1908 that I last saw him alive on Apl 6 1908, and that death occurred, on the date stated above, at 7.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) 8 mo DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) T. H. Phillips M.D.

Address Bay-view Asylum

Date April 6th 1908

Place of Burial COLLEGE OF P. & S

Date APR 7 - 1908 1908

Undertaker Gu Thompson

Address 1805 Hope St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

71

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19

HEALTH DEPARTMENT, City of Baltimore.

C1147 Registered No. B C1147

CERTIFICATE OF DEATH. 179

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Murray

{ Residence, if in Baltimore, Give Street and Number. } Nursery & Childs Hosp-

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 27 1907

AGE: ..... years, 3 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. R. Stone.

(Address) No C-Hosp-

Filed 4/7 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to April 6 1908 that I last saw h— alive on April 4 1908, and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Ruhrah M.D.

Address 839 N. Eutaw St.

Date April 6 1908

Place of Burial COLLEGE OF P. & S

Date APR 7 - 1908 190

Undertaker Commissioner Health,

Address

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, City of Baltimore.

C11148

Ward ..... Registered No. B .....

C11148

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Jones.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh.

DATE OF BIRTH: ..... 1 .....

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt.

(Address) ..... BAY VIEW ASYLUM

Filed 4/7 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April. 6 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 28 1908 to April 6 1908

that I last saw h.r alive on April 6 1908;

and that death occurred, on the date stated above, at 6

a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date April. 6 1908

Place of Burial COLLEGE OF P. & S

APR 7 - 1908

Date ..... 190 ....

Undertaker Geo. Thompson

Address 1805 Hope St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C1149 Registered No. B C1149

CERTIFICATE OF DEATH. 1908

(Place of Death.) No. 1208 N Patterson Park Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Adam Pohl

{Residence, if in Baltimore, Give Street and Number.} 1208 N Patterson Park Av

Duration of Residence in Baltimore. About 50 Year

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH 1

AGE 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Taylor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Weddinger Pr HRH

(Address) 1208 N Patterson Park Av

Filed 4/7 1908

HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th, 1908

I HEREBY CERTIFY, That I attended deceased from March 5th 1908 to April 6th, 1908 that I last saw him alive on " " 1908, and that death occurred, on the date stated above, at 7:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition and Exhaustion

(DURATION) 12 DAYS

Contributory (Primary.) Chronic Nephritis

Uremia (DURATION) 30 DAYS

(Signed) Albert G. Engeman M.D.

Address 1503 E. North Ave.

Date April 7th, 1908

Place of Burial Baltimore Cemetery

Date April 9th 1908

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C11150

Ward 24th

Registered No. B 120

C11150

CERTIFICATE OF DEATH.

(Place of Death.) No. 2322 Canton Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Mrs Elizabeth Larsen

{ Residence, if in Baltimore, Give Street and Number. } 2322 Canton Ave

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 19th 1908

AGE 57 years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER Jacob Harble

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Larsen

(Address) 2322 Canton Ave.

Filed 4/7 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1908

I HEREBY CERTIFY, That I attended deceased from January 19th 1908 to April 5th 1908 that I last saw her alive on April 5th 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Brights disease, ulceration of stomach

(DURATION) 500 DAYS

Contributory (Primary) Carcinoma of Bright's disease

(DURATION) — DAYS

(Signed) C. F. Sendder M.D.

Address 2 S Pattison Place

Date April 6th 1908

Place of Burial Mt Carmel

Date April 8th 1908

Undertaker H. Sander & Sons

Address 1714 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C11151 — Registered No. B C11151

CERTIFICATE OF DEATH.

(Place of Death.) No. 621 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Schreiber

{Residence, if in Baltimore, Give Street and Number.} 621 S Bond St

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Jacob Schreiber

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Harness Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Schreiber

(Address) 621 S. Bond st.

Filed 4/7 190 8 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190,

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Hanging

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 ½ Greene St

Date 190

Place of Burial Western Cem.

Date Apr. 9" 1908

Undertaker Kendall Lippert Co.

Address 330 S. Bond st.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 3 — Registered No. B C11152

C11152

CERTIFICATE OF DEATH. 11

(Place of Death.) No. 828 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elsia Percetti

{ Residence, if in Baltimore, Give Street and Number. } 828 E Pratt St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 1 months, 2 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Miguae Percetti

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miguae Percetti

(Address) 828 E. Pratt st.

Filed 4/7 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH apr 7 1908

I HEREBY CERTIFY, That I attended deceased from apr 6 1908 to apr 7 1908

that I last saw her alive on apr 6 1908,

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary.)

Asthenia (DURATION) DAYS

(Signed) M Cattaneo M.D.

Address 827 Aisquith St

Date Apr. 7 1908

Place of Burial St. Vincents Cem

Date apr. 9" 1908

Undertaker Kendall Lippert & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — C11153 — Registered No. B C11153

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 145 Stockholm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Benezze

{ Residence, if in Baltimore, Give Street and Number. } 145 Stockholm St

Duration of Residence in Baltimore. 5-2 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: June 25 1832

AGE: 75 years, 9 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. William A. Young

(Address) #145 Stockholm St.

Filed 4/7 1908 HARRY O. ANDREWS? Registrar PERMIT CLERK?

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1908

I HEREBY CERTIFY, That I attended deceased from ~~March 21~~ 1908 to April 4 1908 that I last saw her alive on April 4 1908, and that death occurred, on the date stated above, at 3.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Carcinoma

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. E. Beach M.D.

Address 857 N. Fayette St

Date April 4 1908

Place of Burial Mount Olivet Cemetery

Date April 8 1908

Undertaker Armstrong Denny Co.

Address 715 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C11154

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

64

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C11154

Registered No. B.....

City of Baltimore, (No. 1647 N North Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah V Baum

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 11th (Month) (Day) 1843 (Year)

AGE 64 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Abraham Rosenstock

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Sarah Rosenstock

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis V Baum

(Address) 1647 N North Ave

Filed 4/7 190 8 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 6 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1908 to Apr 6 1908

that I last saw h[illegible] alive on April 6 1908,

and that death occurred, on the date stated above, at 4.30 a. M. The CAUSE OF DEATH was as follows:

Cerebral Haemorrhage

(DURATION) DAYS

Contributory Cardiac Paralysis

Ca (DURATION) DAYS

(Signed) W F Ford M. D.

Apr 7 1908 (Address) 836 W Mont-

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL Jewish Cem Fell Point | DATE OF BURIAL April 8 1908

UNDERTAKER J Stevens & Co | ADDRESS 607 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C11155

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

C11155

Registered No. B.....

City of Baltimore, (No. St. Frances' Convent St.; E. Chase St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isabel Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Brown.

DATE OF BIRTH: Not Known (Month) 1 (Day) Year)

AGE: 10 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): New York City

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Magdalen, Sup.

(Address) E. Chase St. City

Filed 4/8 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 6 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from November 1907 to April 1908 that I last saw her alive on April 6 1908, and that death occurred, on the date stated above, at 7 o'clock P. M. The CAUSE OF DEATH was as follows:

Asthenia (DURATION) 2 DAYS

Contributory Pulmonary Tuberculosis 5 mos. (DURATION) ..... DAYS

(Signed) Mary F. Coughlin M. D.

April 7 1908 (Address) 1028 W. Lay St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery

DATE OF BURIAL: 8 April 1908

UNDERTAKER: Edward A Byrne

ADDRESS: 302 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19

Registered No. B C11456

C11456

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 344 S. Woodyear St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gustav Kluge

{ Residence, if in Baltimore, Give Street and Number. } 344 S. Woodyear St.

Duration of Residence in Baltimore, 26 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 4th 1851

AGE: 56 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Gottlieb F. Kluge.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cigar Maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William F. Kluge.

(Address) 344 S. Woodyear

Filed 4/8 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7th 1908

I HEREBY CERTIFY, That I attended deceased from May 10th 1908 to April 7th 1908.

that I last saw him alive on April 6th 1908.

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

(DURATION) DAYS

Contributory (Primary) Diabetes Mellitus

Phthisis Pulmonalis (DURATION) DAYS

(Signed) J. H. Hempel, M.D.

Address 1103 Valley St.

Date April 8th 1908.

Place of Burial Western Cemetery

Date April 9th 1908

Undertaker Inc. Ders John H. Deupel

Address 801 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C1157 Registered No. B C1157

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 324 W. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia E. Sembly

{Residence, if in Baltimore, Give Street and Number.} 324 W. Hoffman St.

Duration of Residence in Baltimore. 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ~~Apl~~ 1865

AGE 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Annapolis - Md

FULL NAME OF FATHER John Sembly

BIRTHPLACE OF FATHER (State or country) Anne Arundel - Co

MAIDEN NAME OF MOTHER Susan Harris

BIRTHPLACE OF MOTHER (State or country) Anne Arundel Co

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Sembly

(Address) 922 Bolton St.

Filed 4/8 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 — 1908

I HEREBY CERTIFY, That I attended deceased from March 3 1908 to April 6 1908 that I last saw her alive on April 6 1908, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(following Nephritis with Cardiac Complication)

(DURATION) 3 DAYS

Contributory (Primary.) Nephritis.

(Cardiac Complication) (DURATION) about 1 month DAYS

(Signed) C. A. Munoz M.D.

Address 1801 Guilford Ave.

Date April 6 1908

Place of Burial Best Gate A. L. Co. Md.

Date April 9" 1908

Undertaker Alex. Hensley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C11158

17

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

64

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11158

City of Baltimore, (No. 1221 E Eutaw St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carrie E. Peters

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: Colored
DATE OF BIRTH: — (Month) — (Day) 1 (Year)
AGE: 51 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed
BIRTHPLACE (State or country): Md.
FULL NAME OF FATHER: Charles E. Peters
BIRTHPLACE OF FATHER (State or country): Md.
MAIDEN NAME OF MOTHER: Matilda Price
BIRTHPLACE OF MOTHER (State or country): Md.
OCCUPATION OF DECEASED: Coal Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amanda Johnson
(Address) 1221 Eutaw Street

Filed 4/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 5 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 5th 1908 to April 5 1908 that I last saw h alive on April 5 1908, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

(DURATION) 3 DAYS

Contributory

(DURATION) DAYS

(Signed) W. R. Fraser M. D.
April 6 1908 (Address) 207 N. Liberty St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence
How long at Place of Death? Days
Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery
DATE OF BURIAL: April 8 1908
UNDERTAKER: Alex. Hensley
ADDRESS: 5780 Pimlico Rd

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 13th

C11159 Registered No. B C11159

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 2426 Eutaw Place St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Simon Adler

{Residence, if in Baltimore, Give Street and Number.} 2426 Eutaw Place

Duration of Residence in Baltimore. One week

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 12th 1843

AGE 64 years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) New York.

FULL NAME OF FATHER Sigmund Adler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Golde Hess

BIRTHPLACE OF MOTHER (State or country) Hamburg Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Cadalbert

(Address) 2426 Eutaw Place

Filed 4/8 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8th 1908

I HEREBY CERTIFY, That I attended deceased from April 3 1908 to April 8 1908

that I last saw h— alive on April 7th 1908

and that death occurred, on the date stated above, at 3½ A. M.

CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Cardiac Asthenia

Contributory (Primary) Ehrlichiosis (DURATION) DAYS

(DURATION 3 DAYS

(Signed) J. Chesman M.D.

Address 1920 Linden Ave

Date April 8th 1908

Place of Burial New York City

Date 4/10/08 1908

Undertaker Jacob Shreve

Address 1607 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C11160

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9

CERTIFICATE OF DEATH.

C11160

Registered No. B.....

City of Baltimore, (No. 108 S. Eden St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Theresa Snyder

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct (Month) 5 (Day) 1908 (Year)

AGE: — years, 18 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Frank Snyder

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Dalfa

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 108 S. Eden St

Filed 4/8 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 7 1908 to April 8 1908

that I last saw her alive on April 7 1908

and that death occurred, on the date stated above at 8 a. m. The CAUSE OF DEATH was as follows:

Pneumonia Croupa

(DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) Fred W Nelson M. D.

April 8 1908 (Address) 1721 Canton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hebrew Spring Run — DATE OF BURIAL: April 8 1908

UNDERTAKER: Max Levinson — ADDRESS: 1620 Mt Pleasant Ave

10 A.M.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person attending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether single, married, widowed or divorced), birthplace, occupation and residence of the person deceased, and the cause and date of death.

...HEALTH DEPARTMENT, City of Baltimore.

C11164

Ward 7

Registered No. B C11161

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1176 West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Chaney -

{Residence, if in Baltimore, Give Street and Number.} 117 W. West St -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH 1

AGE 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Isaac Fisher

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Doris Knox

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Chaney

(Address) 117 W. West St

Filed 4/8 1908 Registrar

HARRY G. ANDREWS
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 6 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 2 1908 to Apr. 5 1908

that I last saw h.. alive on Apr. 5 1908

and that death occurred, on the date stated above, at 3.15

I. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edward Hurt M.D.

Address 528 Hanover St

Date 4/6 1908

Place of Burial Mt Auburn

Date April 8th 1908

Undertaker C. L. Burns & Son

Address 108 W Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — C11162 — Registered No. B C11162

CERTIFICATE OF DEATH.

94

(Place of Death.) No. 36 E. Oslend St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mrs Sarah E Craig

{Residence, if in Baltimore, Give Street and Number.} 36 E. Oslend St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 28 1835

AGE 72 years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Dorchester Co Md

FULL NAME OF FATHER — Brownell

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kelley

(Address) 36 E. Oslend st.

Filed 4/8 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 6 1908 that I last saw her alive on Apr 6 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

1. Pleurisy

(DURATION) 6 DAYS

Contributory (Primary.) Pneumonia (DURATION) 1 DAYS

(Signed) J H Grinhaus M.D.

Address 1303 Light St

Date April 7 1908

Place of Burial Mitchell Wright Dorchester Co. Md.

Date April 9 1908

Undertaker Jos. Stentebeck

Address 318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C11163 — Registered No. B C11163

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 E. 21st. Street St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Evan T. Ridgely

{ Residence, if in Baltimore, Give Street and Number. } 418 E. 21st

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W.

DATE OF BIRTH 1

AGE 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Reubin Ridgely

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Margaret Murgan

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E L Shanton

(Address) 2037 Guilford Av

Filed 4/8 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7th 1908

I HEREBY CERTIFY, That I attended deceased from January 5 1908 to April 7 1908

that I last saw him alive on April 5 1908

and that death occurred on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthma — Absorption from Obstruction of Lungs

(DURATION) DAYS

Contributory (Primary.) Abdominal Tumor — Concurrent (DURATION) DAYS

(Signed) J Holmes Smith M.D.

Address 2205 St Paul St

Date April 7th 1908

Place of Burial Baltimore

Date April 9/08 190

Undertaker Woodcock

Address 1502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the City of Baltimore, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner who shall have been notified within **eighteen hours after death**, to the Undertaker, or other person su... setting forth, as far as the same can be ascertained, the **name, sex, age, condition** (whether single, married, widowed or divorced), deceased, and the **cause and date of death.**

4

missing

C 11164

C 11165

HEALTH DEPARTMENT, City of

Ward 10 C 11166 C 11166 Registered

CERTIFICATE OF DEATH.

(Place of Death.) No. 605 Truxton St.

Full Name Charles H Marsh

{Residence, if in Baltimore, Give Street and Number.} 605 Truxton St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Mar. 17 1893

AGE 15 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Wesley Marsh

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Linda E Wesley.

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST, OF MY KNOWLEDGE AND BELIEF.

(Informant) Wesley Marsh

(Address) 605 Truxton St

Filed 4/8 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 7 1908

I HEREBY CERTIFY, That I attended deceased from Feb 20 1908 to Apr. 7 1908

that I last saw h— alive on Apr 6 1908

and that death occurred, on the date stated above, at [illegible]

11. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) 2 DAYS

Con'ributory (Primary.) Phthisis Pulmonalis (DURATION) 9 [illegible]

(Signed) John D. Kuhn M.D.

Address 428 Gorsuch ave

Date Apr. 7 1908

Place of Burial Druid Cemetery

Date Apr 10th 1908

Undertaker Wm Cook

Address 502 E North ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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C 1167

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HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C11169 — Registered No. B C11169

CERTIFICATE OF DEATH.

154

(Place of Death.) No. Belle ave, near Garrison ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Owen Trainor

{Residence, if in Baltimore, Give Street and Number.} Belle ave, near Garrison ave.

Duration of Residence in Baltimore 71 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: — 1

AGE: 91 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Trainor

(Address) Belle ave

Filed 4/8 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 7 1908

that I last saw h[illegible] alive on April 1 1908

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Coma

several (DURATION) DAYS

Contributory (Primary) Infirities of age

Has been confined to bed, helpless for five months (DURATION) DAYS

(Signed) Geo R Graham M.D.

Address 725 Columbia ave

Date April 8 1908

Place of Burial Cathedral Cemetery

Date Apr 10th 1908

Undertaker W. J. Coyle

Address 602 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

KODAK SAFETY FILM

Ward 2

Registered No. B C11170

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 125 S High St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name of Infant Robt and Bessie Moravitz

{Residence, if in Baltimore, Give Street and Number.} 125 S High st

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Apr 6 1908

AGE: — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Robert Moravitz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Bessie Jacobson

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R Moravitz

(Address) 125 S High st

Filed 4/8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 7 1908

I HEREBY CERTIFY, That I attended deceased from Apr 6 1908 to Apr 7 1908

that I last saw her alive on —— 1908

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate

Premature birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Collenberg M.D.

Address 1810 E Balto st

Date Apr 8 1908

Place of Burial Helena Boardale Cem

Date April 8, 1908

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C11171 Registered No. B C11171

CERTIFICATE OF DEATH. 157

(Place of Death.) No. 1026 Goodman Al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Zuelch.

{Residence, if in Baltimore, Give Street and Number.} 1026 Goodman Al

Duration of Residence in Baltimore. 19 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	November 11 1855
AGE	52 years, 4 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	Don't know
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	Don't know
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Zuelch (daughter

(Address) 37 W. West St.

Filed 4/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Found dead - April 7 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Strangulation

Suicide

hanging from a hat rack. (DURATION) ½ DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto M Reinhard M.D.

Address coroner

Date April 8 1908

Place of Burial Western Cem

Date April 9th 1908

Undertaker C Sahlman & Son

Address 1039 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C11172 Registered No. B C11172

CERTIFICATE OF DEATH. 170

(Place of Death.) No. 1928 Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas L Snyder

{Residence, if in Baltimore, Give Street and Number.} 1928 Brunt st

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): N.Y.

FULL NAME OF FATHER: Thomas S. Snyder

BIRTHPLACE OF FATHER (State or country): N.Y.

MAIDEN NAME OF MOTHER: Elizabeth Lattan

BIRTHPLACE OF MOTHER (State or country): N.Y.

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cornelia Snyder

(Address) 1928 Brunt

Filed 4/8 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to April 4 1908 that I last saw h-im alive on —— 1908, and that death occurred, on the date stated above, at 11.25 a.m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Brights disease

2 years (DURATION) DAYS

Contributory (Primary.) Neart

same time (DURATION) DAYS

(Signed) A. J. Fraudem M.D.

Address 918 E Fayette

Date April 8 1908

Place of Burial Mt Lebanon Cemetery

Date April 9" 1908

Undertaker Alex. H. Lumsden

Address 578 W. Biddle St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C11173

Ward 16

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

House No. 947 Hollins St. St.

Full Name Gussie Schoenfeld

{Residence, if in Baltimore, Give Street and Number.} 947 Hollins St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W

DATE OF BIRTH April 10 1873

AGE 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Philip

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Caroline

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Philip

(Address) 947 Hollins St.

Filed 4/8 1908 Registrar

MARY C. ANDREWS, CHIEF CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7th 1908

I HEREBY CERTIFY, That I attended deceased from January 1908 to April 1908

that I last saw her alive on April 5 1908

and that death occurred, on the date stated above, at N

A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 60 DAYS

Con'tributory (Primary.) Tuberculosis -

(Pulmonary) (DURATION) 170 DAYS

(Signed) J. B. Schwatka M.D.

Address 1003 N. Broadway

Date April 7th 1908

Place of Burial Baltimore Cemetery

Date April 9 1908

Undertaker W. Maurice Routson

Address 8 W Mt Vernon Place

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the name can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Register No. B 11174

City of Baltimore, (No. 1701, Pennsylvania Ave St.; 14 Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Harriet A. Eborough

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Sept (Month) 15 (Day) 1829 (Year)	
AGE: 78 years, 6 months, 28 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Maryland.	
FULL NAME OF FATHER: Louis Mahoney	
BIRTHPLACE OF FATHER (State or country): Maryland.	
MAIDEN NAME OF MOTHER: Mary Cipher	
BIRTHPLACE OF MOTHER (State or country): Maryland.	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Eborough

(Address) 1701 Pa Ave

Filed 4/8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to April 6 1908, that I last saw h er alive on April 6 1908, and that death occurred, on the date stated above, at 4.30 P.M. The CAUSE OF DEATH was as follows:

Valvular Heart Disease

Contributory Coma

(DURATION) DAYS

(Signed) Wm F Bar M. D.

April 6 1908 (Address) 836 W. Mont a

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

Where was disease contracted if not at place of death?

How long at Place of Death Days

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: April 9 1908

UNDERTAKER: H M Rowton

ADDRESS: 231 N Greene

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

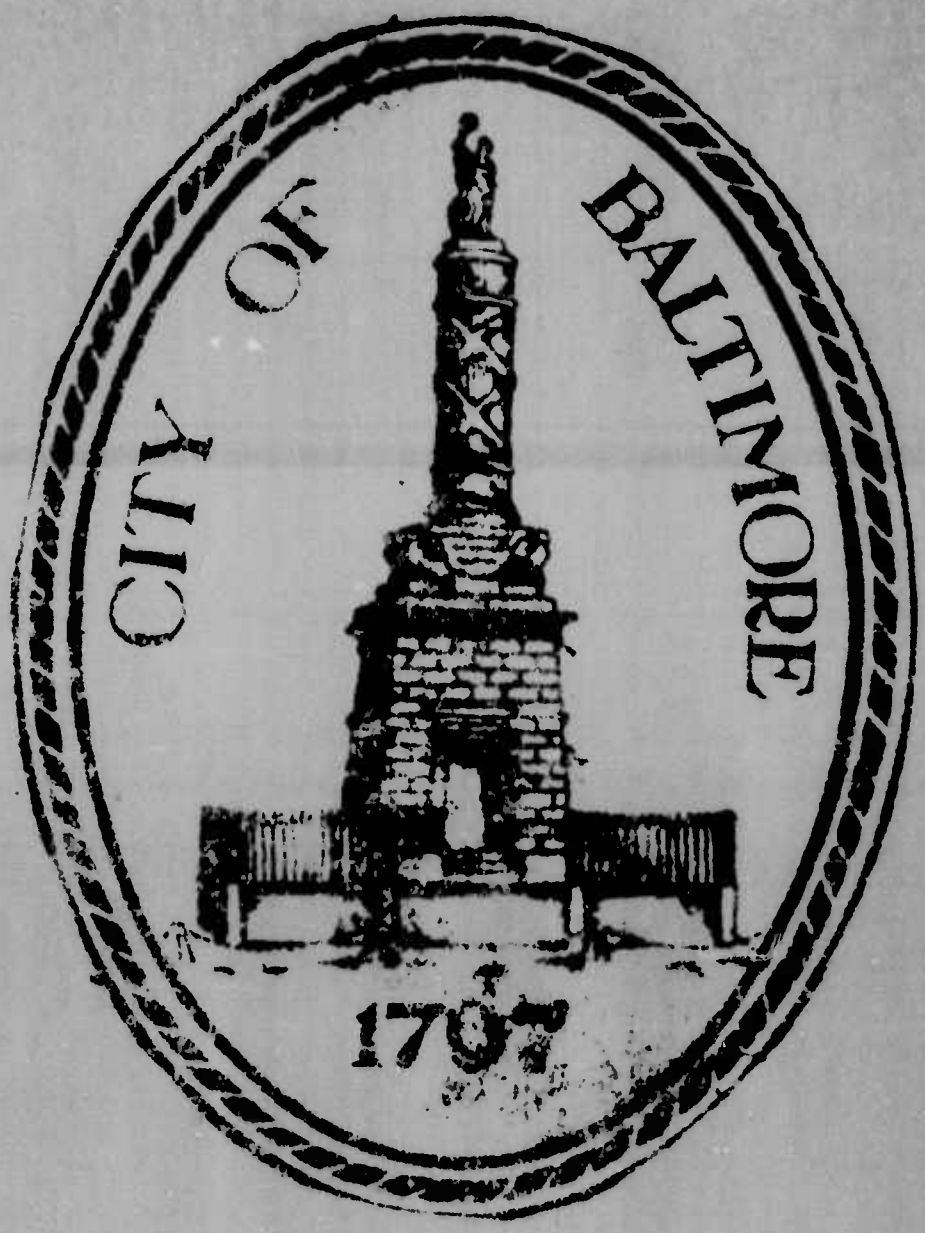
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 2nd DAY OF 1967 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WIT C8490 1/13/08 AND ENDING WITH C11174 4/6/08 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: O K Line



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